DOCUMENT RESUME

ED 463 481 CG 031 643

TITLE	Ecstasy Use Rises: What More Needs To Be Done by the Government To Combat the Problem? Hearing before the Committee on Governmental Affairs, United States Senate, One Hundred Seventh Congress, First Session (July 30, 2001).
INSTITUTION	Congress of the U.S., Washington, DC. Senate Committee on Governmental Affairs.
REPORT NO	Senate-Hrg-107-154
PUB DATE	2001-07-30
NOTE	89p.
AVAILABLE FROM	U.S. Government Printing Office, Superintendent of Documents, Mail Stop SSOP, Washington, DC 20402-0001. Tel: 866-512 1800 (Toll Free); Tel: 202-512-1800; Fax: 202-512-2250; Web site: http://bookstore.gpo.gov.
PUB TYPE	Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Adolescent Attitudes; *Adolescents; Attitude Change; Federal Legislation; *Government Role; Hearings; *Illegal Drug Use; Parent Child Relationship; Parent Role; *Prevention; Substance Abuse
IDENTIFIERS	Congress 107th; *Ecstasy (Drug)

ABSTRACT

This document presents witness testimonies addressing the growing problem of Ecstasy use among American youth. All accounts point to the fact that youth are increasingly experimenting with the drug and experiencing seizures and other adverse affects at an alarming rate. Opening statements from Senators Lieberman, Bunning, and Akaka related the problem of drugs in their states. Testimony was presented from two teenage residents of Phoenix House Drug Rehabilitation Center. who are recovering from Ecstasy addiction. Other witnesses include Dr. Donald R. Vereen, Jr., Deputy Director of National Drug Control Policy; Alan I. Leshner, Director of National Institute on Drug Abuse; John C. Varrone, Assistant Commissioner of Customs; Joseph D. Keefe, Chief of Operations for Drug Enforcement Administration; John M. Bailey, Connecticut Chief State's Attorney; and Roy Rutland, Narcotics Detective for Miami-Dade Police Department. The hearing attempted to determine if the government was doing enough to stop the continued spread of this drug. It was hoped that the hearing gave a better understanding of the problem and provided some insight into what must be done. The appendix contains the prepared statements of the witnesses. (JDM)

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S. Hrg. 107–154

ECSTASY USE RISES: WHAT MORE NEEDS TO BE DONE BY THE GOVERNMENT TO COMBAT THE PROBLEM?

ED 463 481

HEARING

BEFORE THE

COMMITTEE ON GOVERNMENTAL AFFAIRS UNITED STATES SENATE

ONE HUNDRED SEVENTH CONGRESS

FIRST SESSION

JULY 30, 2001

Printed for the use of the Committee on Governmental Affairs

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75–475 DTP WASHINGTON : 2001

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CONTENTS

	Page
Opening statement:	
Senator Lieberman	1
Senator Bunning	3
Senator Akaka	4
Prepared statement:	
Senator Levin	38

WITNESSES

MONDAY, JULY 30, 2001

Dayna Moore, Phoenix House Drug Rehabilitation Center	5
Philip McCarthy, Phoenix House Drug Rehabilitation Center	6
Donald R. Vereen, Jr., M.D., M.P.H., Deputy Director, Office of National Drug Control Policy, Executive Office of the President	13
Alan I. Leshner, Ph.D., Director, National Institute on Drug Abuse, National Institutes of Health	16
John C. Varrone, Assistant Commissioner of Customs, Office of Investigations, U.S. Customs Service	18
Joseph D. Keefe, Chief of Operations, Drug Enforcement Administration, U.S. Department of Justice	20
John M. Bailey, Chief State's Attorney, State of Connecticut	22
Roy Rutland, Detective, Narcotics Bureau, Miami-Dade Police Department	24

ALPHABETICAL LIST OF WITNESSES

Bailey, John M.:	
Testimony	22
Prepared statement	81
Keefe, Joseph D.:	
Testimony	20
Prepared statement	70
Leshner, Alan I., Ph.D.:	
Testimony	16
Prepared statement with an attachment	53
McCarthy, Philip:	
Testimony	6
Prepared statement	42
Moore, Dayna:	
Testimony	5
Prepared statement	39
Rutland, Roy:	
Testimony	24
Prepared statement	84
Varrone, John C.:	
Testimony	18
Prepared statement with an attachment	63
Vereen, Donald R., Jr., M.D., M.P.H:	
Testimony	13
Prepared statement with an attachment	45

ECSTASY USE RISES: WHAT MORE NEEDS TO BE DONE BY THE GOVERNMENT TO COMBAT THE PROBLEM?

MONDAY, JULY 30, 2001

U.S. SENATE,
COMMITTEE ON GOVERNMENTAL AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 9:30 a.m., in room SD–342, Dirksen Senate Office Building, Hon. Joseph Lieberman, Chairman of the Committee, presiding.

Present: Senators Lieberman, Akaka, and Bunning.

OPENING STATEMENT OF SENATOR LIEBERMAN

Chairman LIEBERMAN. Good morning and welcome to this hearing of the Senate Governmental Affairs Committee, in which we will begin to examine the threat posed by the drug Ecstasy and the government's response to increasing Ecstasy use and abuse by our Nation's youth. I began to hear about Ecstasy earlier this year from concerned parents and from the media. During April, I asked to meet with law enforcement authorities, parents and students in Connecticut, and I learned a lot about this latest threat to our children. I learned that it is entering our country in ever-growing quantities; that the increase in use by our Nation's youth has reached arguably epidemic proportions, and that despite the evidence to the contrary, kids do not think Ecstasy is a harmful drug.

What I have not learned enough about yet is if the government at all levels is doing all that it can to stop the continued spread of this drug, and that is one of the key questions that we will explore this morning at this hearing.

According to a recent study, the number of eighth graders using Ecstasy at least once in the past year increased 82 percent between 1999 and 2000, 82 percent, and the number of those using it within the past month increased 75 percent. While the overall percentage of our young people using this drug remains low in absolute terms, the testimony of one of the witnesses that we are honored to have before us today points out that Ecstasy has now replaced inhalants as the third-most frequently used drug among high school seniors in America, and that is behind marijuana and methamphetamines.

The U.S. Customs Service reports that its Ecstasy seizures have surged 165 percent between fiscal year 1999 and 2000. These are alarming statistics that were brought home to me during the meetings I had in Connecticut in April. Ecstasy is a problem at so-called raves and at schools, in cities, and in suburbs.

In fact, on the very same day that I was to meet with law enforcement about this drug in Connecticut, police arrested an individual who was trying to use a methamphetamine lab to manufacture Ecstasy in the small Connecticut town of North Stonington. During my meetings, I was surprised to learn not only how dramatically Ecstasy use is increasing among young people, but also how so many of those young people mistakenly believe that it does no harm. Ecstasy is far from benign, as we will hear today. Its dangers are well-documented and painfully experienced. Ecstasy is toxic to the human nervous system. It can lead to kidney and cardiovascular failure. It can overload the heart, causing attacks or strokes, and especially troubling because we are talking about young people, the drug can impede a user's ability to learn and to remember.

Because this drug is beginning to do serious damage to people in our country, particularly young people, I think we have an obligation to educate and to warn them and their parents about its danger, and then to do what we can to coordinate Federal, State and local law enforcement efforts against Ecstasy. We are going to start today's hearing by listening to two young people who are courageous enough to be willing to come forward and speak to us today, Dayna Moore and Philip McCarthy, who have fought an addiction to Ecstasy. I appreciate very much their willingness to testify and I have the feeling that more than anything else that anybody says today, your testimony really will make this hearing worthwhile and send a message out to other teenagers, particularly about the dangers here.

We are then going to hear from a panel of Federal, State and local officials. Dr. Alan Leshner of the National Institute on Drug Abuse will discuss his work that makes clear that Ecstasy is not a harmless drug. Dr. Donald Vereen of the Office of National Drug Control Policy, also known as the Drug Czar's office, will offer us an overview of the many facets of our government's war on this particular drug. Joseph Keefe, Chief of Operations at DEA, and a representative of the Customs Commissioner—I know Mr. Winwood was supposed to be here, but he has been detained and a deputy of his is with us—respectively will tell us of the challenges Ecstasy poses to Federal law enforcement; Miami-Dade police officer, Roy Rutland, who will testify behind a screen because much of his work is undercover; and finally Connecticut State's Attorney Jack Bailey will give us State and local law enforcement's perspective on this latest drug epidemic and threat to our children.

Today, I hope these Federal, State and local officials will provide a comprehensive picture of what the government is and is not doing right now and what we in Congress can do to help them do more. I welcome all of the witnesses, and particularly want to give a special greeting to my longtime friend, Jack Bailey from Connecticut, who has had some considerable success in fighting Ecstasy through his office's Nuisance Abatement Unit, which we will hear about.

Before turning to the first panel, I want to explain the screen in the well to my left. As I already mentioned, one of our witnesses on the second panel, Detective Rutland, is an undercover detective. Many of the people with whom he works are unaware of his true

identity. Should a photograph of Detective Rutland appear on television or in the newspapers in his hometown, it would greatly increase the chances of compromising his identity and indeed his personal safety, as well, and possibly affect the outcome of one or more investigations. In light of this, Detective Rutland has requested that no television, video cameras or other cameras photograph him during his testimony.

In accordance with the Committee's rules of procedure, without objection, we are granting his request. Detective Rutland is now sitting before us with a screen around him in order to protect his identity. In addition, no television cameras or other photographs will be permitted of him during this session, although cameras can televise or photograph the proceedings from the other side of the screen and, of course, of the other witnesses. I appreciate the cooperation of the news media in this, and I would now call on my friend and colleague, Senator Akaka, for an opening statement—I am sorry, Senator Bunning?

Senator BUNNING. Yes, I have a short opening statement.

Chairman LIEBERMAN. You moved quietly into the room.

Senator BUNNING. I was here before you got here.

Chairman LIEBERMAN. Thank you. That may be why.

Senator BUNNING. That is how quietly I got here.

Chairman LIEBERMAN. You are a big man, too. I thank you very much for being here. We will call on Senator Bunning now.

OPENING STATEMENT OF SENATOR BUNNING

Senator BUNNING. Thank you, Mr. Chairman. The use of illegal drugs is a serious problem in this country, and I am pleased that we are holding this hearing today on Ecstasy. Drug abuse not only affects the drug addicts and users, instead, these illegal drugs take a toll on the whole community, from increasing crime to breaking apart families, to a general decay of the community structure. In my State of Kentucky, Ecstasy has not yet gained a strong foothold. Right now, drugs like marijuana are more of a problem. In fact, according to the National Drug Intelligence Center, Kentucky law enforcement contends that marijuana is the State's largest cash crop, and that Daniel Boone National Forest, which is located in eastern Kentucky, has become one of the primary areas for growing marijuana plants in the State. Daniel Boone National Forest happens to be a park that encompasses about—I would say about one-fifth of the State land mass. So you can imagine how big and how often we have illegal marijuana grown there. This is nothing to be proud of.

Although Ecstasy has been around for many years, its increasing use and trafficking in the United States is alarming. Unfortunately, Kentucky is not isolated from this trend, and in the Cincinnati-Northern Kentucky Airport, the airport has seized approximately 50,000 Ecstasy tablets from three flights originating in Belgium from November 1999 to March 2000. Also, in July 2000, the airport seized an additional 1.44 kilograms of Ecstasy on a flight originating in Los Angeles. So it is a constant battle in the Greater Cincinnati Airport because of the international traffic.

In Kentucky, the drugs are primarily sold in high schools and colleges, clubs, and all-night raves. Raves have been held in Louis-

ville, Bowling Green, Covington, Erlanger, Lexington, Murray, and Newport, which are not very big towns, except for Louisville. As the demand for this drug rises, I am afraid we will see an increase in deaths of our young people and an increase in violence often associated with selling drugs. I am looking forward especially to hearing from the first panel, the two young people who have the courage to come forth and tell us the problems that can come from an addiction to drugs.

Thank you very much, Mr. Chairman.

Chairman LIEBERMAN. Thanks, Senator Bunning and Senator Akaka.

OPENING STATEMENT OF SENATOR AKAKA

Senator AKAKA. Thank you very much, Mr. Chairman. I wish to express my appreciation for your holding today's hearing on the rising use of MDMA, or Ecstasy. As all witnesses will testify, Ecstasy, the fastest-growing illegal drug, is a dangerous chemical and a public health problem. Its perception as a safe and harmless mood-enhancing drug is false. There are serious side effects, including brain damage, depression, and possibly death. Brain damage, depression, death—this does not sound like Ecstasy to me. The use of Ecstasy is on the rise in my home State of Hawaii. It is the only illicit drug to show increased levels of abuse last year.

According to a recent study by the Hawaii Department of Health, the use of Ecstasy is increasing, particularly among high school students. Although Ecstasy use in Hawaii is below the national average, unfortunately my State has not always lagged behind the mainland on emerging drug use. Hawaii's law enforcement agencies and health officials were the first to identify the threat of crystal methamphetamine, known in the islands as ice or crystal meth. This smokable form of methamphetamine came to Hawaii in the mid-1980's and continues to be the biggest drug problem facing our State. Eleven years ago, I proposed the first Federal legislation to increase the penalties for trafficking in crystal meth. I also sponsored legislation to place restrictions on the purchase of precursor drugs, the chemical components used to manufacture crystal meth.

While ice remains the overall illegal drug of choice in Hawaii, law enforcement and public health officials are targeting Ecstasy, as well. In 1999, Hawaii was designated as a high-intensity drug-trafficking area, or HIDTA, which is helping to interdict the flow of drugs into the State. We are fighting the spread of crystal meth through the Federal, State and local partnership, and we will fight the use of Ecstasy, as well. This summer, the Honolulu Police Department created a special unit to target Ecstasy. A key component will have task force members talking to young people and businesses that host raves parties, where Ecstasy may be used, about the dangers of the drug. I am pleased to co-sponsor S. 1208, the Ecstasy Prevention Act, which will provide much-needed funds for HIDTA task forces, including Hawaii, for anti-Ecstasy law enforcement activities.

The bill would also fund a national media campaign, as well as medical research into the effects of Ecstasy. Mr. Chairman, again I would like to thank you for calling today's hearing on Ecstasy. I

look forward to our witnesses' testimony on the scope of the Ecstasy problem, and I thank them for being with us.

Thank you, Mr. Chairman.

Chairman LIEBERMAN. Thanks, Senator Akaka. Just a random sample of Members of the Committee here, from Kentucky to Connecticut to Hawaii, each of us testifying from our own State's perspective about the appearance of this drug. I think this provides evidence of the national scope of the problem. Let us now go to our first panel, Dayna Moore and Philip McCarthy. Both are residents of Phoenix House Drug Rehabilitation Center in Ronkonkoma, New York, and I thank the folks at Phoenix House, which is a nationally-recognized facility, for enabling the two of you to be here, and most of all, again I thank the two of you.

Dayna, do you want to start? Thanks very much, and please now offer the testimony that you have prepared.

TESTIMONY OF DAYNA MOORE,[1] PHOENIX HOUSE DRUG REHABILITATION CENTER

Ms. MOORE. Good morning. My name is Dayna Moore, and I would like to thank the Committee for giving me the opportunity to testify today. I am a resident of a Phoenix House residential drug treatment program in Long Island, New York. Before coming to Phoenix House 6 months ago, I was 20 pounds underweight and I would often go 2 or 3 days without sleep. I would not go to school for a month at a time and I had no hope for the future. I was going nowhere and I did not care. My life was spiraling out of control because I was addicted to Ecstasy.

I had not always been a kid in trouble. Until I was 13, I was an honor student. I grew up in a nice middle-class town with two parents at home. I helped out raising my little brother and sister, and 3 days a week I went to dance class, ballet, jazz and tap. I was good at them all. I had hoped someday to be a dance teacher. I also sang in the school chorus. When I was 13, I tried marijuana. I used Ecstasy for the first time when I was 14 and it completely changed my life. My friends had been doing it for awhile, and they told me it was the best experience of their lives. I was scared, but I fell in to peer pressure and tried it. I swallowed the pill, and ½ hour later I started to feel it. The first words that came out of my mouth were, "This is the greatest feeling ever. I have no problems." Nothing could bring me down. I had so much energy and I loved everyone.

But when I came down, I fell into a deep, dark hole. It was a depression that I could not stand, and I could only get out of it by letting time pass or by taking more Ecstasy. From that day on, my life began to go downhill. I began using Ecstasy every day. I had already been in trouble from smoking marijuana and skipping school, but now I found it impossible to get up in the mornings and I stopped going to school for days and weeks at a time. I was the subject of a PINS petition, meaning I was a person in need of supervision. A judge eventually ordered me into an outpatient drug treatment program. I went for 7 months, but I got high the whole time.

[1] The prepared statement of Ms. Moore appears in the Appendix on page 39.

First, I was able to buy Ecstasy by lying to my mother. I would ask for money for movies or for clothes, then I would spend it on Ecstasy. When that did not work anymore, I would steal money from my parents' wallets. In the beginning, I hid my drug use from my parents. After awhile, I did not care anymore. What could they do about it anyway? My mother would say, "You have not been eating," or "You have not been sleeping," and I would just say, "Yeah, Mom, I was using Ecstasy."

Sometimes my mother would plead with me, "You could die from this," and I would tell her I did not care. I knew this was what drugs could do to me, but I just could not stop. The addiction I developed for Ecstasy was too strong for me to overcome alone. Ecstasy led me to harder drugs like cocaine and angel dust. My drug use just got worse and worse, and I kept failing drug tests ordered by the courts. When I finally went to court with my mother, we both asked the judge for help. I knew my family loved me very much and they supported me, but I had destroyed their trust in me. I knew it was time to regain it. The judge ordered me into a long-term residential treatment at Phoenix House.

Since I have entered treatment, my life has changed drastically. Over the past 6 months, I have learned to stop living for the next brief high. I have realized that by doing drugs I was going absolutely nowhere and I was throwing my life away. I have focused again on who I am and on my education, something that was always so important to me. I am thankful that my relationship with my family is strong again. My family is now very proud of me and that makes me happy. To anyone who thinks Ecstasy is not a serious drug, I give this advice: Stop before you get hurt. I spent years chasing that first magical high, and that chase almost killed me. I was once a normal kid, and Ecstasy took me down a deadly, destructive path I could never have imagined. Life is too precious. Ecstasy is not worth it. Thank you.

Chairman LIEBERMAN. Thank you, Dayna. Your parents have every reason to be proud of you and we are grateful to you for coming forward today, and I bet a lot of other parents around the country are grateful to you, as well. I am going to come back and ask you some questions, but let's hear next from Philip McCarthy.

TESTIMONY OF PHILIP McCARTHY,[1] PHOENIX HOUSE DRUG REHABILITATION CENTER

Mr. MCCARTHY. Good morning. My name is Phil McCarthy and I want to thank you for inviting me today. I am a resident of a Phoenix House drug treatment program in Long Island, New York. I would like to tell you about my life on Ecstasy, a life I am not proud of. Three years of my life revolved around Ecstasy, getting high and finding the money to get high. At times, I robbed houses for television sets and anything else of value. The reason? I needed over $300 a week for Ecstasy. I am 17 years-old and I was a pretty good kid. I grew up in middle-class neighborhoods in Connecticut and Long Island. I had good grades in high school and played junior varsity basketball, baseball, and hockey. I liked to draw and I

[1] The prepared statement of Mr. McCarthy appears in the Appendix on page 42.

wanted to become an architect, but in eighth grade I tried marijuana and I got heavily involved.

The next year, I was at a party and a friend showed me a few Ecstasy pills. At first, I said no, but I could see everyone having fun, so I took a pill. It was amazing. I felt like the world was flowing with love and my body felt unreal. I felt like I could do anything. I had so much confidence and everyone seemed so happy. It was a high I definitely wanted again. Pretty soon I was using Ecstasy almost every night. Sometimes I would go 2 or 3 nights without sleep and I did not eat all day. You could tell that I was living a rough life by the bags under my eyes and my low weight.

After awhile, I started to stay away from home. When I did come home, I would not talk to my family. I would not even look at anyone. I would just walk straight to my room or walk straight out the front door. Getting money to support my Ecstasy habit became a problem. At first, I asked my grandmother for money for the movies. Pretty soon she stopped giving me money, so my friends and I started looking for other ways. We offered to sell drugs for kids who gave us their money, but we just walked away and gave them nothing in return. That worked a few times, but we needed even more money. So we started going into the open windows of houses and stealing TVs, VCRs and anything else we could sell.

Some people may say that Ecstasy is not addicting, and it may not be physically addicting, but I can tell you I was scared to death of breaking into houses, yet I wanted to get high so badly I was willing to risk it. And by this time, I needed three to five pills a day to get high, and they cost $20 a pill. It was an expensive habit and it was not always a pleasant experience. When I came down from Ecstasy, I felt depressed, angry and lonely. I would tell myself over and over, "I hate this. I will never do this again." But, of course, the next day I would get high again. Because of Ecstasy, I stole, I associated with criminals, I skipped school and I got in trouble with the courts. I was incarcerated six times in juvenile detention centers. For 3 years, I was on probation, and during that time I got high.

Finally, the court ordered me into Phoenix House. Over the past 3 months in treatment, I have begun to learn about myself. I have learned to control my emotions and to think before I act. I have learned that I do not need drugs to have fun, to have friends, and to live my life. I have also learned to talk to my parents and tell them the truth, because the truth—no matter what it is—does not hurt as much as a lie. I feel remorse for what I have done and the damage I have caused to people's property and their lives. Perhaps the first step I can take in making it up to people is by telling you today—is by telling you what I have learned. Ecstasy is not a fun, lighthearted drug. It can ruin lives. It can make you sick. It can make you do things you never would have done otherwise. My advice to anyone thinking of taking Ecstasy is stay away. Ecstasy is bad news. Thank you.

Chairman LIEBERMAN. Thank you, Philip. That was a very strong statement. Let me begin the questioning. One of the things that concerns a lot of people about Ecstasy is that we hear that it is thought by a lot of young people to not be dangerous and not addictive. And I know when I met with people in Connecticut, they

said that often kids will say to their parents, "I am going to a rave, a big party at a warehouse or out in a field, or I am going to a club and there is no alcohol served there," so as to be reassuring. But then Ecstasy is sold there, and, of course, it has all the damaging, painful effects that you have described.

I wonder if both of you could just talk a little bit about whether that is what you understood about Ecstasy, that it was not dangerous when you first used it, and not in any detail about exactly where, but what were the circumstances in which you first used it? Was it at a rave? Was it at a club? Dayna, do you want to go first?

Ms. MOORE. The first time I used it, a couple of my friends, we were just hanging out on the street and they had a couple, and I just took them.

Chairman LIEBERMAN. What did they tell you about it at that point?

Ms. MOORE. They did not tell me any of the effects or where it came from or whether or not it was dangerous. They just told me it could get you high and it will make you have fun and it will make you feel good, and for awhile I was seeing people taking it, and it looked interesting and I was curious. So I tried it.

Chairman LIEBERMAN. Right.

Philip, how about you?

Mr. MCCARTHY. The first time I used it, I was at a party with all my friends.

Chairman LIEBERMAN. At a house or at a club?

Mr. MCCARTHY. At one of my friends' house, because their parents were on vacation, and like a lot of my friends were older than me and they used the drug like a—times before me. So I saw how they were all having fun and how they were acting. They were all like happy, talking to each other about anything. They did not really care. So I just decided to do it, and like Dayna said, none of them really explained the dangers of it and the after-effects, either. They just said you had a great time on it and you could feel like you could do anything.

Chairman LIEBERMAN. Were you told at that point that it was not dangerous, or were you not?

Mr. MCCARTHY. They really did not say anything about it, like if it was dangerous or not. They just said if you took it, you would have like the greatest time of your life.

Chairman LIEBERMAN. Maybe we should go back to some basics for people who are listening or following this. Did you both take it in pill form?

Mr. MCCARTHY. Yeah.

Ms. MOORE. Yes.

Chairman LIEBERMAN. About how much did it cost per pill?

Mr. MCCARTHY. Like $20 a pill.

Chairman LIEBERMAN. Was that about the same, Dayna?

Ms. MOORE. Yes.

Chairman LIEBERMAN. Both of you have described a situation in which, though the word is out that this is not addictive, physically addictive, you both became addicted to it. How do you explain that, or do you want to describe what the addictive feeling was?

Ms. MOORE. It is more of a mental addiction, because the first time you do it, it is great, and afterward, after you do it for awhile,

the high is never the same as the first time, and you are chasing—you are always trying to do more pills or different kinds to try to get that same first high, and it does not happen. And when you come down off the pill, you are back to reality again and you are really depressed, and your whole body hurts and you want to do that pill again to get back up there.

Chairman LIEBERMAN. Does your body actually hurt, or is it more of a mental hurt?

Ms. MOORE. Your whole body just feels like sore, and your jaw hurts. You are pale. You feel weak the next day.

Chairman LIEBERMAN. Philip, how about you?

Mr. MCCARTHY. Could you repeat the question real quick?

Chairman LIEBERMAN. Yes. The question is the word is out that Ecstasy is not addictive, even though it can be harmful. But both of you describe what sure sounds like an addiction. So talk to me a little bit about why it became addictive for you.

Mr. MCCARTHY. Well, the first time I did it, like my friends were telling me they do not do it every day, it is just like a weekend thing. It is like it is not really addictive at all. But when I first did it, the first time I did it, after that I really could not get enough of it. I wanted to do it every day, and if I would have had the money to do it every day, I probably would have, and that is pretty much what led me to do all the things that I have done, because I wanted to do it so bad I would risk anything to do it.

Chairman LIEBERMAN. Right. So it was a feeling that it had taken you up, if you will, and you wanted to keep going back there?

Mr. MCCARTHY. Yes.

Chairman LIEBERMAN. When you came down, did you come down lower than normal?

Mr. MCCARTHY. Yeah. You feel really depressed. You would not want to get out of bed in the morning. You really would not eat, because you felt—like you did not feel good at all. It was just a bad feeling, and that night you would just do it again, just to feel normal, I guess.

Chairman LIEBERMAN. Did you also feel physical symptoms, besides the psychological symptoms?

Mr. MCCARTHY. Yeah, the same thing Dayna said. Like your jaw hurt the next day. Your body felt all worn out. You really did not want to do anything.

Chairman LIEBERMAN. We are going to hear more testimony about this in the next panel, but unfortunately there is now a record of dramatic increases in emergency room mentions of Ecstasy in recent years and, in fact, now there are some deaths associated with it. Had you heard, in your own experience, of anybody getting really sick on it and having to go to the hospital?

Mr. MCCARTHY. Yes. A couple of my friends, they used to do too much at one time because they did not feel anything, because they used to do it a lot. After like a half-hour, they would just start throwing up all over the place, like violently, too. They would not just be like throwing up normally. It was like really disgusting. Again, I do not know. That was the only thing I really saw happen.

Chairman LIEBERMAN. Dayna, how about you?

Ms. MOORE. Not anybody that was really close to me, but I have heard about people around where I live that had to get rushed to

the hospital, or the first time they ever tried it, they died. Their heart stopped right then and there. In the middle of like me doing it, I knew—I started to hear about the damages and the effects of it, but I could not stop. I just had to keep doing it.

Chairman LIEBERMAN. So even though you heard these stories and you knew there was danger physically for you, you were unable to stop at that time?

Ms. MOORE. No, and that is how I realized that I needed help.

Chairman LIEBERMAN. Did either of you use Ecstasy at any of these larger gatherings, like the raves or clubs?

Mr. MCCARTHY. I went to clubs a couple of times, like I went to a rave once or twice. But I usually just stayed at my friend's house or just walked around the streets, hanging out, just doing it.

Chairman LIEBERMAN. How about you, Dayna?

Ms. MOORE. Yeah, me, too. Once in awhile, I would go to a club. But it was more like I would just take it on a normal, daily basis.

Chairman LIEBERMAN. Tell me about how you bought it. Is it easy to buy?

Ms. MOORE. Yes, it is easy to find anywhere. You can just pick up the phone and make one phone call, and somebody could be at your house, dropping it off.

Chairman LIEBERMAN. Were these other kids who were selling it?

Ms. MOORE. Yes.

Chairman LIEBERMAN. They were? People you knew or just friends of yours told you to call somebody and they would come and sell it to you?

Ms. MOORE. Yes, it was a little bit of both. My friends were selling it or they knew people that had it.

Chairman LIEBERMAN. Right.

Philip, how about yourself?

Mr. MCCARTHY. Pretty much the same thing that she said. Like most of my friends would usually get it, like and I would just get it from them. Or if nobody could get it, somebody would stop by the house that had it, and like we would all just buy it off him, like friends and just like my friends' friends, stuff like that.

Chairman LIEBERMAN. Mostly around $20 a pill?

Mr. MCCARTHY. Yes.

Chairman LIEBERMAN. If you were going to—and in a way you have done this already in your excellent testimony—but if you were going to speak to your contemporaries, to teenagers or others, what would you say to them about Ecstasy?

Mr. MCCARTHY. I would have to say like they should learn more about it before they try it, like some of the long-term effects that happen, like you lose your relationship with your family, you stop going to school, like what happens to you after you come down from it. If they got more educated about it, I think more kids would not do it.

Chairman LIEBERMAN. How about you, Dayna?

Ms. MOORE. Basically, I would just say that back then, when I first tried it, I never thought I would be in a treatment program because of it. I never thought it would lead me to harder drugs. I never thought it would take away everything that I had from me,

but it does. And it may seem fun in the beginning, but it is not. It is definitely not.

Chairman LIEBERMAN. Would either of you give any advice to parents?

Mr. MCCARTHY. I would pretty much have to say the same thing as the kids, like they should get more educated about it, see how your kids look on it and how they act, and like follow up on their kids, like see who they are hanging out with, what they are doing, make sure they are doing what they tell you they are doing. It is like even though I would not have liked it—like if my mom did it to me—it is just better for the kids, though.

Chairman LIEBERMAN. Right.

Dayna, would you give any advice to parents across the country who might be listening to you now?

Ms. MOORE. Yes. They need to really research and see the effects of it, learn how to tell that your child is on it, be more aware of where they are going, who they are hanging out with, because if they just looked a little more into it, took a little time, it is easy to see what their children are doing.

Chairman LIEBERMAN. Yes. My time is up. I thank you very much. You both are very impressive, and you both are good, normal kids. And you went off the track here for a lot of different reasons, and the great thing to say is that you are obviously back on the track. I remember I had somebody once say to me, which is old wisdom, that everybody in life gets knocked down at one point or another. The question is whether you get up. And the two of you, obviously—thanks to Phoenix House and your parents—are getting up. So I admire you and I cannot thank you enough for coming forward and telling your stories today.

Senator Bunning.

Senator BUNNING. Thank you.

Dayna, the first time you used Ecstasy, you were handed a pill by one of your friends?

Ms. MOORE. Yes.

Senator BUNNING. You did not purchase it—just, "Here, you want to try something," and no explanation of what it did?

Ms. MOORE. No, I was hearing about it for a while, just seeing what it did, how everybody was having a good time, everybody was laughing, everybody was just having a really good time, and they offered it to me. They said, "Dayna, we have some extra pills. Do you want one?" And I was like, "Yeah," and I took one.

Senator BUNNING. And you started with marijuana.

Ms. MOORE. Yes.

Senator BUNNING. The first kind of illegal contact with drugs was with marijuana?

Ms. MOORE. Yes.

Senator BUNNING. Because we have heard marijuana is not an addictive drug, and we have heard that most people, most young people, start with marijuana and it leads to other, more serious and addictive drugs. Can you tell me, Philip, how you got involved with the law, other than after the fact? In other words, there was no law enforcement, as far as Ecstasy is concerned, prior to your use, and even though your friends and a lot of other people were using it?

Mr. MCCARTHY. Well, when I stopped going to school—I stopped going to school a little bit. I was not really going a lot, and they put me on PINS. And then, after that, I started doing Ecstasy, and that is when I got robbery charges, and they put me on probation.

Senator BUNNING. But it was only after the fact.

Mr. MCCARTHY. Yes.

Senator BUNNING. So there is no prevention until someone has used the drug. You did not see any police officers or any drug undercover people, prior to your use of the drug?

Mr. MCCARTHY. No, I did not.

Senator BUNNING. Both of you were in high school when you first started?

Mr. MCCARTHY. Yes.

Senator BUNNING. Dayna, were you younger?

Ms. MOORE. I was in junior high.

Senator BUNNING. It is sometimes mind-boggling to think how far from your high school you were, or your junior high, you were when you were approached. Philip, did you buy your first portion or was it given to you?

Mr. MCCARTHY. The first time I did it, my friend gave it to me, because he wanted to see if I liked it or not, and I did. So I just kept on doing it.

Senator BUNNING. Do you have any idea where those people were getting that from? In other words, I am trying to look past your use, to the people that supplied you the first time.

Mr. MCCARTHY. I just usually got it from my friends. I do not really know who they got it from. I was not really into it like that. I just got it from them.

Senator BUNNING. And once used and once hooked, it got progressively higher and more use?

Mr. MCCARTHY. Yes.

Senator BUNNING. And progressively lower when you came down?

Ms. MOORE. Yes.

Senator BUNNING. It is scary, it really is, to see the trafficking coming through an international airport like Greater Cincinnati-Northern Kentucky International Airport, and the volume has picked up to the point where we had marijuana, amphetamines, and now this. And we want to thank you for coming in and telling us your story, because if we can get the story out about the effects on people of this drug, we can help stop it and we can help people with your help, and you have given us that help today. And I just want to thank you for being here and telling your story, so that the rest of the United States and the young people can understand that the net effect is a real downer, to the point where your friends and others could have died if some of them did not. What we are trying to find is a solution, how to stop it from coming here and how to convince young people and anyone else who might use it to discontinue use because it is so dangerous. Thank you for your testimony.

Ms. MOORE. You are welcome.

Mr. MCCARTHY. You are welcome.

Chairman LIEBERMAN. Thanks very much, Senator Bunning.

Dayna, just one other question. It struck me in your testimony—again, it is contrary to what the conventional wisdom is here, and Senator Bunning's question about marijuana reminded me of it—Ecstasy actually led you to harder drugs, didn't it?

Ms. MOORE. Yes.

Chairman LIEBERMAN. What was going on there? In other words, Ecstasy, when you were addicted, became not enough?

Ms. MOORE. Yes, and I was trying—I wanted a drug that could have that high, but I did not like the side effects from it afterward, feeling sick.

Chairman LIEBERMAN. From the Ecstasy?

Ms. MOORE. From the Ecstasy, yes. So sometimes when I came down from the Ecstasy, I do other drugs to try to numb those feelings, the side effects from it, and I was always trying to find something bigger and better, but nothing compared.

Chairman LIEBERMAN. Again, Senator Bunning and I really thank you for coming in. You know, you have beaten back something, and in all of life's struggles that we all have, we can identify with it. We can identify with your parents, and I just wish you well and think you are on the road to both being the winners that you were just a short while ago. So God bless you and thanks for coming in. I wish you the best.

We are now going to call the second panel: Donald R. Vereen, the Deputy Director of the Office of National Drug Control Policy; Dr. Alan Leshner, Director of the National Institute on Drug Abuse; John Varrone, who is the Assistant Commissioner of the U.S. Customs Service; Joseph Keefe, Chief of Operations, U.S. Drug Enforcement Administration; John M. Bailey, Chief State's Attorney, State of Connecticut; and Roy Rutland, Detective, Miami-Dade Police Department. Thank you all for being here.

Dr. Vereen, let's begin with you—Deputy Director of the Office of National Drug Control Policy, Executive Office of the President. Thank you for your testimony. Let me say before you begin, Doctor, that we are going to enter into the record the prepared testimony, the very fine prepared testimony that all of you have given, so proceed.

TESTIMONY OF DONALD R. VEREEN, JR.,[1] M.D., M.P.H., DEPUTY DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY, EXECUTIVE OFFICE OF THE PRESIDENT

Dr. VEREEN. Thanks. Good morning, Chairman Lieberman, Senator Bunning, other distinguished Members of the Committee. I would like to thank you for this opportunity to testify today about one of the most problematic drugs that has emerged in recent years. I would also like to recognize some of our key partners in our integrated approach to this problematic drug: The Drug Enforcement Administration, the U.S. Customs Service, and the State and local law enforcement groups that heroically pursue the increasing number of cases brought to their attention. I also want to thank our collaborators in the Department of Health and Human Services, particularly the Substance Abuse and Mental Health

[1] The prepared statement of Dr. Vereen with an attachment appears in the Appendix on page 45.

Services Administration and the National Institute on Drug Abuse, under the leadership of Dr. Alan Leshner, one of the world's leading authorities on drug abuse. Most especially, a thank you to Dayna and Philip, who testified here just a few minutes ago. They are the most vulnerable to the grave dangers of MDMA and they are very courageous. They represent the primary data that most of us prefer to have when we are trying to deal with the drug issue. I commend them for what they represent for themselves, their peers and their community. And, as you mentioned earlier, I do have a longer prepared statement, which I would ask to be submitted to the record at this time.

MDMA is one of the most problematic drugs that has emerged in recent years. Public health and other research data from our Nation's community schools and hospitals indicate increased availability and increased use of MDMA among young adults, despite the fact that the substance has dangerous effects on the users. The misnomer, Ecstasy, which implies a benign substance, is one of the most harmful aspects of this particular epidemic. MDMA has the fastest accelerating illicit drug trend trajectory in the past few years. What is also disturbing is its negative health effects are not appreciated by the user. MDMA is a public health problem that is behaving like an epidemic. Taking cues from past epidemics, including drug epidemics, many researchers view a four-phase cycle. There is an incubation period, an expansion period, a plateau period, and a decline.

MDMA is now in the expansion phase. I refer you to the chart,[1] "Monitoring the Future Data of MDMA Use Among 10th and 12th Graders," and you can see the expansion in use, from a relatively flat, low level, to one that is expanding. No single solution can effectively address any multifaceted drug problem. The Office of National Drug Control Policy, as a part of its national drug control strategy, insists on a comprehensive response to all emerging drug epidemics, MDMA in particular. ONDCP is uniquely positioned to integrate public health, public safety and public policy perspectives in the face of the spread of a synthetic drug, such as MDMA, and ONDCP bases sound drug policy on scientific research, consistent with the goals of that strategy.

From a public health perspective, demand reduction efforts inform—the public about the dangers of MDMA use. Second, the demand reduction efforts assemble epidemiological data. And, third, demand reduction efforts support the collaboration of our Federal partners to improve drug testing and screening methods for MDMA. From a public safety perspective, supply reduction and law enforcement efforts continue to, one, emphasize precursor chemical control and, two, identify and prosecute drug-trafficking organizations.

Investigations are ongoing to identify vulnerable areas in the production and distribution network, including the production labs, organized crime, and methods for transshipment. From a public policy perspective, ONDCP has led coordinating roles among 50-plus Federal agencies that have illicit drug use as part of their mandate. The following steps to address MDMA problems are in

[1] Chart referred to appears in the Appendix on page 52.

place and are ongoing. The first is ONDCP has convened a Federal interagency demand reduction working group subcommittee to address MDMA specifically. This group consists of representatives from several agencies. Through the information gathering and exchange that has occurred during the meetings, the subcommittee has identified the need for a screening tool and the development of cost-effective testing systems, which are under development.

Second, in August 2000, the National Youth Anti-Drug Media Campaign launched a nationwide radio and Internet, as well as television, initiative focused specifically on MDMA. The initiative is designed to educate young people and their parents about the drug's dangers and change the widespread misperceptions that it is harmless. There is a video that we have that gives an example of one of the ads that was developed specifically for this initiative. I draw your attention to this print poster, that has been reproduced in various vehicles, to get information out to young people and their parents. Here is an example of one of the ads that was developed in this campaign.

[A videotape was shown in the hearing room.]

Chairman LIEBERMAN. How widely are these playing now? Do you know?

Dr. VEREEN. They are all over the country. We develop different parts of the campaign to hit young people and their parents in waves. So we have got one wave out, and what we have in production—I misspoke; I am a little bit ahead of myself—are in new wave of—I do not want to call them exactly ads, but information out to parents and young people.

Chairman LIEBERMAN. Good.

Dr. VEREEN. Third, ONDCP's High-Intensity Drug-Trafficking Area program, known as HIDTA, is a strategy-driven drug enforcement effort. The HIDTA program facilitates coordination and leveraging of resources of over 900 local, 172 State, 35 Federal law enforcement agency resources, including 86 other participating organizations. Each of the HIDTAs is conducting a threat assessment of MDMA that will be included in their future work.

Fourth, in partnership with the National Guard Bureau, the Center for Substance Abuse Prevention, Community Anti-Drug Coalitions of America, CADCA, and the National Institute on Drug Abuse, ONDCP is participating in a four-part series of satellite broadcasts on specific drugs of abuse. A 90-minute broadcast on MDMA was held on May 24 of this year that set a record for attendance size and reached over 800 sites in 50 States and five in the District of Columbia and one in Canada.

Last, in March of this year, Ecstasy was the featured special topic in the latest edition of Pulse Check, which is an on-the-ground instrument that ONDCP uses to detect new and emerging drug trends. I commend the Committee on its effort to protect the American people from this dangerous drug, and thank you for this opportunity to speak about the facts and how they have been applied in overall U.S. Government policy.

Chairman LIEBERMAN. Thanks, Doctor. Just very briefly, did you say at the outset that Ecstasy use is the fastest-growing, that is percentage-wise, of any drug in the country now?

Dr. VEREEN. Well, the perceived availability of the drug, that is the young people who are taking it perceive that it is so available, that is the indicator that we are using that says it is growing at a very fast rate. And, as you can appreciate, when we gather this data, there is always a lag time, and almost always the numbers are an underestimate of what is actually going on out there.

Chairman LIEBERMAN. Thank you. Next is Dr. Alan Leshner, an authority in this area, Director of the National Institute on Drug Abuse. Thanks for being here.

TESTIMONY OF ALAN I. LESHNER,[1] Ph.D., DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE, NATIONAL INSTITUTES OF HEALTH

Dr. LESHNER. Thank you, Senator. I am delighted to be here. I am also delighted to have this opportunity to talk with you about what science has been teaching us about 3,4 methylenedioxymethamphetamine—known popularly as MDMA, or Ecstasy. In fact, a little bit over a week ago, my institute held a major 2-day scientific conference on Ecstasy, where we brought to the NIH leading researchers from all over the world. Having sat through the 2-day conference, I can provide you today with the scientific community's very latest thinking about this drug.

Not surprisingly, one overarching theme is MDMA is far from being the harmless fun drug you hear about from many young people and in the popular press. The fact is that we have known for over a decade from animal studies that Ecstasy can be extremely dangerous, even when used only once, and repeated use over time damages critical brain cells in ways that can have long-lasting effects on behavior. Importantly, over the last 5 years, virtually every major finding from those animal studies has been confirmed in humans.

As you know, MDMA is a synthetic drug that is typically sold in capsule or tablet form, and we have heard quite a bit about that today. Ecstasy has both stimulant and hallucinogenic properties. Although it does not cause full-blown hallucinations like LSD, users do report distorted time and perception while under its influence. As an extremely powerful stimulant, MDMA can increase heart rate and blood pressure and it can disable the body's ability to regulate its own temperature. When it is used in club or dance settings, it can lead to very severe rises in body temperature, what we call hyperthermia; it can lead to dehydration, hypertension, and even heart, or kidney failure in particularly susceptible people.

Like other stimulants, Ecstasy also appears to have the ability to cause addiction. The brain mechanisms by which Ecstasy works are actually critical to understanding its short- and long-term effects. Ecstasy increases the activity levels of at least three major brain chemical systems, the neurotransmitters serotonin, dopamine and norepinephrine. It is what Ecstasy does to serotonin levels that concerns us the most right now. Serotonin normally plays a critical role in everyday functioning. It is significantly involved in the regulation of mood, memory, sleep, pain, emotion and appetite. When

[1] The prepared statement of Dr. Leshner with an attachment appears in the Appendix on page 53.

people take Ecstasy, the drug increases the release of serotonin, thereby producing its mood effects, but it also interferes with the buildup of new serotonin pools, so that over time Ecstasy use causes the brain to actually become significantly depleted of serotonin, and then it can take the brain weeks to rebuild its serotonin levels to normal.

Recent studies are showing that it is not just those people who use Ecstasy chronically or repeatedly that are affected. Again, from animal models, we have known for awhile that even one dose of MDMA can decrease serotonin levels for up to 2 weeks. We now know this to be true in humans, as well, and I have brought you one example over here, which is a series of PET scans. On your left is an MRI scan, and then the middle scan shows you the brain of a former Ecstasy user who has been abstinent for awhile, and these are occasional users, not heavy users. It is important that this is relatively small amounts of Ecstasy use. You then see the response of the brain, to the right, of tremendously reduced overall brain activity, and I can explain that in detail to you later, if you would like.

But it is showing you, in effect, from a single dosing of Ecstasy, 2 weeks after the individual last used Ecstasy. So what you are seeing is a brain change in a relatively moderate Ecstasy user, what would be called an occasional user, from a single-dosing regimen that is lasting 2 weeks after the individual stopped using——

Chairman LIEBERMAN. Doctor, would you say that would be typical, or might that person have had some special vulnerability?

Dr. LESHNER. Actually, this is the 2-week version. There is also a 10-week version that I did not bring you. It is not quite as dramatic. It is not dependent upon the particular vulnerability. It is a mechanism by which Ecstasy produces both its short-term and its long-term effects.

Chairman LIEBERMAN. Right.

Dr. LESHNER. Again, the areas that you see affected are obviously critically involved in all of those behaviors that I mentioned to you. Despite our best efforts at sharing what we know about these drugs, all indicators suggests that MDMA is gaining popularity among students and young adults who continue to use Ecstasy in increasingly higher doses, and actually, now, outside the more traditional nightclub array of settings. The fact that one in nine high school seniors and over 150,000 eighth graders, that is, 13- and 14-year-olds, have tried Ecstasy in their lifetime is truly a national public health crisis.

The one encouraging point in this grim scenario is the amazing ability of the brain to compensate and adapt to life stressors. Emerging research on other drugs, like meth-amphetamine, a drug structurally similar to MDMA, is showing that there are signs that if one stops using it, the brain can recover over time. To summarize, the scientific evidence is clear. Ecstasy is not a benign drug. It is an extremely dangerous substance, both in the short- and in the long-term. As a scientist, and as a public health official, I believe it is tremendously important that we get this science-based message out to the public. We do not need any more people, particularly our young people, our greatest resource, experimenting on their own brains with this extremely dangerous drug.

Thank you, sir.

Chairman LIEBERMAN. Thank you, doctor, for that compelling and chilling testimony.

John C. Varrone is the Assistant Commissioner, Office of Investigations, U.S. Customs Service. I appreciate your willingness to come by. I gather Mr. Winwood had some difficulty making it here today, but we are delighted to have you here and look forward to your testimony now.

TESTIMONY OF JOHN C. VARRONE,[1] ASSISTANT COMMISSIONER OF CUSTOMS, OFFICE OF INVESTIGATIONS, U.S. CUSTOMS SERVICE

Mr. VARRONE. Thank you. Chairman Lieberman, Senator Bunning, thank you very much for the opportunity to appear before you today on behalf of the U.S. Customs Service and our efforts to enforce the smuggling of Ecstasy. The U.S. Customs Service has vigorously increased their efforts against MDMA, otherwise known as Ecstasy, entering into the United States since the drug first began appearing at our borders in substantial quantities in the late 1990's. Almost negligible 5 years ago, Customs seizures of MDMA has since skyrocketed. Total quantities of MDMA seized by the Customs Service have jumped from approximately 400,000 tablets in 1997 to 3½ million tablets in 1999, to well over 9 million tablets in fiscal year 2000. With 3 months remaining in our current fiscal year, we have seized approximately 6 million tablets.

As you know MDMA is extremely profitable to drug traffickers. Clearly, that is one of the reasons why we are seeing so much more of it. A pill that costs pennies to make in Europe can retail from anywhere from $25 to $50 here in the United States. To give you an example, this bag of Ecstasy which I am holding, was part of a seizure that Customs inspectors made at Dulles International Airport. This bag is approximately five pounds and it is valued at $140,000.

Chairman LIEBERMAN. How was it brought in? Do you know?

Mr. VARRONE. It was smuggled in luggage by two individuals, sir.

It would be logical to assume that with more MDMA coming into the country, overall seizures would rise, but that simple explanation does not do justice to the combined efforts of law enforcement to disrupt the MDMA trade. Many of our largest seizures of MDMA to date have been the result of better targeting and shared intelligence between Customs, the Drug Enforcement Administration, the FBI, State and local authorities. In my long statement, I elaborate on some of the key enforcement measures Customs has put into place to complement this exemplary interagency cooperation.

These include the creation of a special Customs Ecstasy Task Force here in Washington, DC; the training and deployment of 260 canine enforcement teams for detection purposes; and, the involvement of the Customs Cyber-Smuggling Center in the investigation of websites marketing MDMA and other club drugs. The enhance-

[1] The prepared statement of Mr. Varrone with an attachment appears in the Appendix on page 63.

ment of our communications with law enforcement in Europe and Israel, in conjunction with DEA, has also contributed to some of these successes.

The majority of MDMA seized by Customs arrives by commercial air. In addition to focusing on the traditional source countries for narcotics, we are playing close attention to former non-source countries, especially flights from known MDMA hubs, such as Amsterdam, Paris, and Frankfurt. Yet, when pressured on one route, the traffickers is quickly turning to others. The Dominican Republic, Curacao, and Surinam all emerged last year as popular MDMA transshipment points. We are also seeing increased activity from Canada, and this year we have almost doubled our amount of seizures from Spain.

Several recent MDMA seizures along our southwest land border suggest that smugglers may be probing other flanks. It may only be a matter of time before the powerful drug cartels and the trafficking groups operating to our south stake their claim in the lucrative MDMA trade, as well. We are also very concerned with the increasing signs of domestic production. Customs has made several seizures of key precursor chemicals used in the manufacture of MDMA. One of those seizures, which occurred at our international mail facility in Oakland, California, led to the discovery and closure of a fully-equipped MDMA laboratory outside Los Angeles.

From a detection standpoint, MDMA's compact size and shape make concealment options almost infinite. Customs has seized MDMA in packages and shipments of all shapes and sizes, from suitcases to cargo containers to aircraft engines to baby formula to stuffed animals. A great deal of MDMA is smuggled by couriers who conceal it somewhere on their body. Of late, we have noted a rising trend in the use of spandex bicycle shorts worn under clothing by smugglers. These shorts are altered to contain extra pockets, which can hold hundreds of pills. We have also encountered an increasing number of MDMA swallowers, who ingest the drug in small packages or balloons in order to evade Customs. We are shoring up our defenses against MDMA because we simply do not see this trend declining any time soon. Clearly, what was once ad hoc smuggling by small-time dealers and users has mushroomed into organized trafficking by criminals. They now have the money and the infrastructure to market MDMA well beyond the club scenes in New York, Miami, and Los Angeles. The motive of the club owners who help the traffickers push MDMA is obvious. They are in it for the money. So it is not surprising that we have seen them come under the spell of organized crime.

But the traffickers are also aided by another, more unlikely source. These include social scientists and others in the so-called harm reduction movement, who claim that the real damage is caused, not by MDMA and its pushers, but by the laws designed to curtail them. This line of argument has given rise to the myth that American law enforcement is out to criminalize the experimental behavior of a whole generation of young Americans. To the contrary, our responsibility is to enforce the drug laws of this country and arrest and prosecute those who, without hesitation, routinely exploit our children and place them at serious risk.

Certainly the efforts of this Committee to raise awareness of the MDMA threat will help to drive this message home. Education and outreach to parents and children are also vital, as Customs, the DEA, and others are doing via information posted on our website. Customs uses this type of outreach as a critical aspect of our enforcement mission, and we are examining ways to expand our regular contacts with schools, community groups and others to include a greater focus on MDMA use and trends. The fact remains that no matter how successful our enforcement efforts, our best defense is less demand.

Thank you for this opportunity, Mr. Chairman. I will be happy to answer any questions at the conclusion.

Chairman LIEBERMAN. Thanks, Mr. Varrone, for that excellent testimony. One quick question, though. You mentioned the current diversification of the points of origin of the flights or shipments coming in. Am I correct that the major manufacturing locations are still in the Netherlands and Belgium?

Mr. VARRONE. Yes, sir.

Chairman LIEBERMAN. Mr. Keefe from DEA, Chief of Operations, thank you for being here. I look forward to your testimony now.

TESTIMONY OF JOSEPH D. KEEFE,[1] CHIEF OF OPERATIONS, DRUG ENFORCEMENT ADMINISTRATION, U.S. DEPARTMENT OF JUSTICE

Mr. KEEFE. Thank you, sir. Chairman Lieberman and Senator Bunning, I am pleased to have the opportunity to appear before you today for the purpose of discussing the outstanding coordination between Federal, State and local law enforcement in combating MDMA, the dangerous club drug deceptively referred to as Ecstasy. As always, I would first like to preface my remarks by thanking the Committee for its unwavering support of the Drug Enforcement Administration and overall support of drug law enforcement.

MDMA is manufactured clandestinely in Western Europe, primarily the Netherlands and Belgium, which produce the vast majority of the MDMA consumed worldwide. A typical clandestine laboratory is capable of producing 20 to 30 kilograms of MDMA per day, with one kilogram of MDMA consisting of approximate 4,000 tablets. Dutch police reported the seizure of one laboratory capable of producing approximately 100 kilograms of MDMA per day. Most often, MDMA consumed in the United States is manufactured by Dutch chemists and transported or distributed by various factions of Israeli and Russian organized crime groups. These groups recruit and utilize American, Israeli, and Western European nationals as couriers.

In addition to the use of couriers, these organizations exploit the mail, private carriers, and airline freight to facilitate delivery of their merchandise. The drug trafficking organizations involved in MDMA distribution are brought together by the enormous profit realized in these ventures, which has led to the professionalization of MDMA trafficking. Once the MDMA reaches the United States, a domestic sale distributor will charge $6 to $8 per tablet. The

[1] The prepared statement of Mr. Keefe appears in the Appendix on page 70.

MDMA retailer will, in turn, distribute the MDMA for $25 to $45 per tablet. MDMA traffickers utilized all major airports in Europe as transshipment points for MDMA destined for the United States. Los Angeles, New York and Miami are currently the major gateway cities for the influx of MDMA from abroad. These three cities reflect the greatest number of arrests and seizures of MDMA within our borders.

The largest MDMA seizure in the United States occurred in Los Angeles, California, where DEA and U.S. Customs seized over 2.1 million tablets of the drug. Currently, Israeli and Russian MDMA trafficking organizations dominate the MDMA trade in the United States. As Ecstasy proves more profitable and as law enforcement pressures force the traffickers to regroup, the U.S. MDMA trade will become increasingly diverse, incorporating drug trafficking organizations based in the Caribbean and Asia. Dominican violators, in particular, have exploited their well-organized trafficking infrastructure in the Caribbean to capitalize on links to MDMA sources in the Netherlands.

DEA has completed a number of significant investigations that have dismantled global MDMA trafficking organizations, as well as limited the effectiveness of rave parties as a venue for distributing MDMA. None of these successful cases could have been brought to fruition without a consistent line of open communication between Federal, State and local law enforcement agencies. Through a multitude of task forces, and joint investigative ventures, DEA seeks to maximize the impact of its enforcement initiatives in communities throughout the United States. DEA's joint investigations have incorporated innovative strategies, such as the Federal Crack House Statute and utilization of municipal health codes and nuisance abatement ordinances to neutralize rave events that facilitate the trafficking of MDMA.

The May 18, 2001 arrest of well-documented Israeli MDMA violator Odet Tuito is an excellent example of interagency and international cooperation. Through the coordination of DEA's Special Operation Division, police authorities in Barcelona, Spain arrested Odet Tuito pursuant to a provisional arrest warrant. As a result of this cooperation, Tuito, who was perhaps the premier Israeli MDMA trafficker operating between Europe and the United States, will face charges pending in New York and Pennsylvania. Last year, to focus national attention on the MDMA threat, DEA hosted the International Conference on Ecstasy and Club Drugs in partnership with approximately 300 officials from domestic and foreign law enforcement, judicial, chemical, prevention, and treatment communities. As a follow-up to last year's conference, DEA is in the process of implementing a series of regional club drug conferences, which will serve the purpose of taking DEA's demand reduction message out to a variety of selected communities.

A regional conference was recently held in Atlantic City, and future regional conferences are scheduled to be held in Chicago and San Diego. In closing, I would like to reiterate that DEA's investigative strategy makes maximum use of the tremendous assets and experience offered by our Federal, State, local and foreign police counterparts. These efforts, when combined with DEA's training and club drug conferences, provide the foundation for an inte-

grated community-based approach that serves to aggressively confront the threat posed by MDMA-trafficking organizations.

I thank you for providing me the opportunity to address the Committee and I look forward to taking any questions you may have on this important issue.

Chairman LIEBERMAN. Thanks very much, Mr. Keefe, and now we move to the State and local level, I am proud to say, with my own Chief State's Attorney and longtime friend, former co-worker, John M. Bailey, who has overseen a very aggressive and, I would say, creative response to the threat of Ecstasy in the State of Connecticut. I am proud to welcome him.

TESTIMONY OF JOHN M. BAILEY,[1] CHIEF STATE'S ATTORNEY, STATE OF CONNECTICUT

Mr. BAILEY. Good morning, Senator Lieberman and Senator Bunning. For the record, I am John M. Bailey, the Chief State's Attorney for the State of Connecticut. To explain my responsibilities, I am the chief law enforcement officer of the State of Connecticut and the administrative head of the Division of Criminal Justice, which is responsible for the investigation and prosecution of all criminal matters in the State of Connecticut. I sincerely thank the Committee for the opportunity to appear before you to discuss the drug Ecstasy and how we in Connecticut have utilized our nuisance abatement program to correct one serious problem area involving Ecstasy.

I am sure the Committee Members are aware of the growing problem that we in law enforcement and in our society in general are facing with the drug Ecstasy and so-called designer drugs or club drugs. Let me quote from *USA Today* of July 20 of this year. "The trade in the use of Ecstasy has mushroomed since 1995. In that year, Federal agencies confiscated a few hundred thousand pills. Last year, Federal agencies confiscated more than 11 million pills coming into the country." I should add those 11 million represent, I think, less than eight percent coming into the United States.

On July 19 of this year, the *New York Times* reported on the seizure of one million Ecstasy tablets from one studio apartment in New York City. At the price of $20 to $40 for each tablet, this seizure alone took $30 million worth of Ecstasy off the streets and out of the rave clubs. Similar seizures are being reported elsewhere and they are not limited to big cities such as New York—and the drug Ecstasy. On July 20 of this year, the *Wichita Eagle* newspaper in Kansas carried a report on the seizure of 21,000 vials of the narcotic catamine, or what is known in the drug trade as Special K. This was the biggest seizure ever of Special K in the country, and that was in Wichita, Kansas.

The problem is not limited to one drug and certainly not to one city or part of the country. It makes no difference whether we are talking about our American cities or the American heartland. When the drug traffickers go looking for a market, they will sell wherever and to whomever will buy. In Connecticut, for example, we have found that Ecstasy is more popular among suburban users

[1] The prepared statement of Mr. Bailey appears in the Appendix on page 81.

than other drugs such as heroin or cocaine. But more importantly, our statewide narcotics task force, who you met with, Senator, they are warning us that the designer drugs and Ecstasy could replace marijuana as the drug of choice among young people. And these are the economics of the drug trade: Introduce new drugs; and create a new market. Remember, although this is an illicit business, it is a business, and a business that is generating billions of dollars each year in income. The drug traffickers know what they are doing, which is why it is so absolutely critical that we in law enforcement know what we are doing.

Just as they work to develop new markets and push new poisons, we must develop new ways and new initiatives to stop the dealing in death. One of the ways that we were successful in Connecticut is our nuisance abatement program. I would like to use the remaining part of my time to explain this program and how it is used to correct a problem that deals precisely with Ecstasy trafficking. We in Connecticut are very proud of our nuisance abatement program. It is one of the most exciting and innovative initiatives that we have undertaken in recent years. The program joins together legal forces of civil action and criminal prosecution to deal with nuisance properties.

I have submitted detailed written material to the Committee explaining specifically how the program works. Simply put, when we can show a pattern of criminal activities through actual arrest or issuance of arrest warrants, we can take a civil action to clean up the problem. The Ecstasy problem in Hartford is an excellent case in point as to how this law can be utilized. A traditional narcotics investigation was undertaken. We identified three rave clubs in Hartford were Ecstasy trafficking was taking place. It should be noted that people from New York, Providence, and Boston came to Hartford to go to these clubs. And I should also note that one young man going back to Boston died 6 hours later, leaving the club.

One of these clubs was a traditional liquor establishment, but the other two were after-hours clubs, catering to individuals as young as 14-year-olds. The clubs opened up at 10 o'clock at night and closed at 7 in the morning. We proceeded with a criminal investigation and arrest, and, at the same time, with the civil action allowed under the Nuisance Abatement Act, we obtained court orders shutting down all three clubs. The clubs remained closed while the owners worked with us to put in place strict controls to stop the drug dealings.

I would just briefly mention the conditions which we placed on the clubs to reopen: One, no employee could have a criminal record in anything to do with drugs; two, uniformed police officers had to be on the premises when these clubs opened. No one under 18 could go into the club, and we also changed the hours of the clubs. We did pat-downs when people went into the clubs to make sure they did not have any drugs on them. We put four video recorders, showing the entire square footage of the clubs, and we could inspect those clubs at any time and look at the video, and we prohibited the sale of surgical masks, Vicks inhalers, pacifiers, or any drug paraphernalia. And, finally, we could go in there without a search warrant and inspect the club at any time.

The clubs have since reopened and we are continuing ongoing monitoring to ensure compliance. Nuisance abatement differs from traditional activities in that the goal is not to permanently close a business or property, but to clean up that property. We work with the property owners or the business operators to make that property a productive part of the community, and we do so with a clear understanding that if the problem returns, so will we, armed with the full authority of civil and criminal prosecution. The nuisance abatement program has shown its value in a relatively short period of time in Connecticut, and we believe the program holds a tremendous promise for the future. We also believe this is a model, not only for the communities in Connecticut, but for jurisdictions throughout this country that may not even know of its existence.

Coming down here this morning, I picked up—and, Senator Lieberman, you are familiar with *The Advocate.*

Chairman LIEBERMAN. Yes, I am; for the record, it is a Connecticut newspaper.

Mr. BAILEY. And we picked it up at the airport. It states, "Raves On and Off: Hartford Rave Scene Has Not Recovered from John Bailey's Drug Crackdown." Right now, they are about to go out of business.

Thank you, Senator.

Chairman LIEBERMAN. Thank you. Thanks for what you are doing and thanks for presenting an excellent model, which may be adapted in other jurisdictions around the country.

Finally, we have Detective Roy Rutland, who is with the Miami-Dade Police Department. As I indicated earlier, Mr. Rutland is behind a screen at his request, because many of the people with whom he works are unaware of his true identity. We are pleased to have him here and pleased to give him this opportunity to testify. Go right ahead now, Detective Rutland.

TESTIMONY OF ROY RUTLAND,[1] DETECTIVE, NARCOTICS BUREAU, MIAMI-DADE POLICE DEPARTMENT

Mr. RUTLAND. Mr. Chairman, it is an honor to be here before you and the distinguished Members of the Committee. I would also like to thank your staff, members of the ONDCP, and the Governmental Affairs staff for their exceptional support prior to this meeting. I am employed by the Miami-Dade Police Department. The Miami-Dade Police Department Narcotics Bureau is responsible for investigating any narcotics-related offenses occurring in the unincorporated areas of Miami-Dade County, Florida. My responsibility as an undercover narcotics detective is twofold: First, my job is to effectively target and infiltrate organizations responsible for the manufacture and distribution of any illegal narcotics. The goal is to disrupt and eliminate these organizations at their core foundation, including source nations. Second, my job is to testify in the judicial process and pursue the proper judicial measures necessary for the prosecution and incarceration of these narcotics and organized criminal offenders.

Mr. Chairman, during the mid-1990's, south Florida first began to experience what many in law enforcement and in the health

[1] The prepared statement of Mr. Rutland appears in the Appendix on page 84.

community now consider to be a global epidemic. The introduction or reappearance of this deadly drug, MDMA, has surfaced in all types of venues. The arrival of MDMA comes as no surprise to those of us who are investigators and who have targeted and investigated other deadly narcotics that have entered south Florida and the United States. The surprise, however, comes in dealing with the volume of this drug being smuggled into the country and the unfortunate global popularity associated with the drug.

I first began investigating MDMA when I infiltrated the subculture that frequented venues, which are now commonly referred to as rave parties. A vast majority of these parties consistently disguised and continue to disguise their appearance for the sole purpose of profit through club-drug distribution, primarily MDMA. I know, because I was there. The effective marketing techniques and astronomical profit margins I have witnessed contrasts with any other drug being distributed today. Make no mistake about it, the unfortunate popularity of MDMA has caused this deadly drug to move from the rave scene to mainstream America. This is evident in multiple cases that I have investigated in south Florida, nationally and internationally.

The disturbing reality of MDMA was clear in the year 2000, when Miami-Dade County experienced the first apprehension of a drug mule who had swallowed multiple pellets containing more than 1,000 MDMA tablets and attempted to enter Miami-Dade County from the Netherlands, via Miami-Dade International Airport. To date, the Miami-Dade Police Department, along with the U.S. Customs Service, has apprehended two additional drug mules attempting to enter the United States from various source nations. Each of these mules had swallowed more than 2,000 MDMA tablets each.

It is important to note, however, that these numbers pale in comparison to the multiple drug mules that we have apprehended in south Florida who have used alternate body-packing techniques. Since the explosion of this epidemic in south Florida, my focus has been on investigating MDMA cases, including educating law enforcement nationally and internationally. During the infant stages of the epidemic, I was primarily negotiating and dealing with younger narcotraffickers with little experience in the narcotics trade. During the last year, I have seen a rapid transformation in power.

As many of us in law enforcement anticipated, the traditional narcotraffickers and their source nations have assumed much of the network control over MDMA, thus causing multiple power struggles with organizations and new source nations. As a result of these power struggles, along with the astronomical profit margins, we on the front lines are experiencing the associated violence. Through aggressive investigations and successful infiltrations, I, along with many other undercover narcotics detectives, have successfully disrupted and eliminated multiple MDMA organizations responsible for the manufacturing and distribution of MDMA. None of this would be possible without a global cooperative effort in law enforcement.

I am pleased to say that we are coordinating and working effectively with other local law enforcement, along with law enforce-

ment at the State and Federal levels, to combat this epidemic. Case in point: Early in July, members of the Miami-Dade Police Department's Narcotics Bureau initiated an investigation involving several foreign nationals involved in large-scale MDMA distribution from Miami-Dade County to New York City. As a result of a successful cooperative effort between two separate local law enforcement agencies, the investigation that was initiated by the Miami-Dade Police Department's Narcotics Bureau concluded in Manhattan, by the New York Police Department Queens Narcotics Unit. The investigation yielded the seizure of 450 pounds of MDMA, or approximately 1.6 million MDMA tablets, $187,000 in U.S. currency, and the apprehension of two foreign nationals responsible for the distribution of 100,000 MDMA tablets every 2 weeks for the last 5 years in the United States.

In closing, undercover narcotics detectives on the front lines will continue to aggressively combat this global epidemic. With continued support from the government and effective legislation, such as the Federal crack house law, I am confident we will have a direct and substantial impact on MDMA. Thank you.

Chairman LIEBERMAN. Thanks very much, Detective Rutland, for your testimony and, of course, for what you are doing every day that you go to work. Let me begin with a little bit of history, and maybe, Dr. Leshner, you are the best one to ask. Ecstasy just did not appear out of nowhere 4 or 5 years ago. Give us a little bit of history about MDMA. Am I correct that it was officially declared a controlled substance in 1985?

Dr. LESHNER. I believe that is right. It originally was thought to be a benign substance. There are people who have claimed all kinds of psychotherapeutic potential uses of it over the years. It is important to note that there has never been a controlled clinical trial demonstrating the usefulness of MDMA for any clinical purpose at all, and I think that it is important to correct the common misconception out there.

Chairman LIEBERMAN. Do you have any idea when it first appeared in the U.S.?

Dr. LESHNER. I do not recall the exact details.

Chairman LIEBERMAN. Do any of the witnesses?

Dr. VEREEN. Perhaps as early as the turn-of-the-century it was created, but its therapeutic use in psychotherapy was in the 1970's and 1980's.

Chairman LIEBERMAN. In the 1970's and 1980's, its use was allegedly for therapeutic reasons, not for recreational uses?

Dr. VEREEN. That is correct.

Chairman LIEBERMAN. But, as you said, Dr. Leshner, there is no documented research here that proves its therapeutic value?

Dr. LESHNER. That is correct. There has never been a controlled clinical trial. And in contrast to what you hear publicly, we at NIH have never received a proposal to study it for any clinical indications, which I think is an interesting commentary on the biomedical communities belief about this substance.

Chairman LIEBERMAN. So let me ask the whole panel or anybody who wants to answer, how does a drug like this, which remains at relatively low usage in the country, suddenly become an epidemic? This took place in 4 or 5 years. Was a decision made somewhere

by drug cartels or others to begin to try to develop a market, Mr. Keefe?

Mr. KEEFE. If I could, sir. It has always been very popular in Western Europe. As we know now, most of the clandestine labs are located there and they have been for some time.

Chairman LIEBERMAN. So the recreational use has been common in Western Europe for some period of time?

Mr. KEEFE. Yes, sir. The rave parties sort of brought it through to the United States with the tech music, and that is where we see the venue now for MDMA. But I think what has also happened is the children and the young people that spoke here earlier thought that there was no problem with it, until the doctor pointed out, that was not harmful. So we see these young people and the harm-reduction, as Mr. Varrone said, advocates saying there is no problem with this drug—became professionalized by the organized crime members we referred to who saw this and were able to make money. People were willing to spend money for it and to use it because they felt there was no harm. We had the rave clubs bringing it and then it started getting into the neighborhoods and it continues, sir.

Chairman LIEBERMAN. Yes. I noted that the two young people who were with us at the outset—both said they did not start at a rave or at a club, but with usage with friends or in homes. So that suggests it is out on the street now.

Mr. KEEFE. I think it was always available coming into the streets. I think the rave clubs and the music are the venues to do it, not that it was always used in the rave clubs. As Mr. Bailey mentioned and as you see from our cases, we do not see large quantities of the drug appearing at the rave clubs. They have often taken it before they get there or they will take some drugs there or hide it.

Chairman LIEBERMAN. Yes, Mr. Bailey?

Mr. BAILEY. Senator, we had 125 high school students in, and we did not talk to them, they talked to us, which we learned a great deal, and one of the things which Mr. Keefe just brought up, they did not understand there was a problem with Ecstasy. They took it for granted that you take one pill, it will not hurt you and there will be no effect. Your parents—you do not have a smell—you do not have marijuana and your eyes are not dilated. And that was one of the reasons why the young people began taking it, because no one would know they were taking it, until we saw the young people here today.

Chairman LIEBERMAN. Absolutely.

Dr. VEREEN. Sir, I would like to add that there is a general pattern there where drugs get introduced into cultures or societies. In the case of Ecstasy, it was the raves and the source in Europe injecting the issue into the United States, taking advantage of ignorance on the part of young people, peer pressure, and this desire to explore or to fulfill their curiosity. On top of that, the drug is marketed specifically—this drug has been marketed very differently than crack was marketed, and marketed very differently than heroin was marketed.

Chairman LIEBERMAN. How so?

Dr. VEREEN. Take a look at the pictures of those attractive pills.[1] That is very different than in the case of crack, which was sold on the street.

Chairman LIEBERMAN. They have diagrams or symbols on the pills, and words like love or Adam, which is another name for the drug.

Dr. VEREEN. Yes, and initially targeted at young, upper middle-class folks who could afford to pay $20 or upwards of $50 for a single pill.

Chairman LIEBERMAN. It is an important point that the two of you have made. They have almost a candy look to them, or a pill look, which, of course, makes them seem less dangerous than, obviously, using a drug that requires needle injection or even smoking marijuana, because of the aroma. Let me come back to the international scene. We have heard testimony that the manufacturers remain mostly in Belgium and the Netherlands. Is this becoming a worldwide problem now? Is usage now worldwide or is it mostly concentrated in Western Europe and the United States?

Mr. KEEFE. Sir, it is worldwide. We have investigations we work through our country offices throughout the world, Asia, South Africa, Central America, South America—throughout the world, sir.

Chairman LIEBERMAN. OK, and I gather from your testimony that there are organized criminal operations in Israel and Russia that are the primary sources of MDMA coming into this country?

Mr. KEEFE. I would not necessarily say they are all in Russia or Israel. They are Russian-Israeli organized crime groups that come together, many of which are in Europe, not all, but directly with their command and control out of Israel, although we are working more closely with our counterparts in Israel on these investigations involving subjects that are from Israel.

Chairman LIEBERMAN. And one of you said you expect—maybe it was Detective Rutland—that you expect, because of the profitability here, that other traditional drug cartels, if I can use that expression, may be getting into this business now, including those from south of our border. Is that a fair assumption?

Mr. RUTLAND. Absolutely. No question, sir. Lately we have dealt directly with cartel members that have ties with the newer source nations. I would like to comment, if I could, on the last question.

Chairman LIEBERMAN. Please.

Mr. RUTLAND. The problem is the drug and its benign appearance. That is the problem with the younger adults and the kids. However, let's not limit it to just them, because we now know—all ages are affected. The problem has gone mainstream. The rave problem is one problem. It is now mainstream on the streets. When I first started dealing with narcotraffickers in MDMA, I was dealing at a street level on the streets, not in these venues, these rave parties. And it is important to know that because I have worked and infiltrated many of these rave parties. I know they have just been venues for this drug club distribution. But to your first question, the answer is without a doubt, that the traditional source nations are now involved and are tapping into this market.

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[1] Pictures referred to appear in the Appendix on page 69.

Chairman LIEBERMAN. A very important point, that while as a society—and as parents, we are obviously protective and particularly concerned about the use of the drug among young people, it is also spreading among adults, as well. Parenthetically, would it be fair to expect of those in law enforcement that, as there comes to be competition for this market, they will have to deal with turf battles, criminal conflict, and violence associated with controlling the markets?

Mr. VARRONE. Yes, sir, Mr. Chairman. I think the Sammy "the Bull" Gravano case is illustrative of that point.

Chairman LIEBERMAN. That is a very important point. Go ahead.

Mr. VARRONE. From all accounts—and it was a joint investigation by Federal and State and local agencies control of the market share in the Arizona area was what that organization was about, and quite frankly I believe violence was expected on their part.

Chairman LIEBERMAN. Just for the record, identify Mr. Gravano and what status he had when he was apprehended for distributing Ecstasy or overseeing the distribution of Ecstasy.

Mr. VARRONE. Well, sir, he was initially in the witness protection program. Upon withdrawing from the program, he resided in the Arizona area, and from photographs of his home, quite comfortably.

Chairman LIEBERMAN. And he was then apprehended for playing a central role in the distribution of MDMA in the Arizona area. Is that right?

Mr. VARRONE. Yes, sir, he and his family.

Chairman LIEBERMAN. His personal family or criminal family?

Mr. VARRONE. No, his personal family.

Chairman LIEBERMAN. Final question on this round for me, and then I will yield to Senator Bunning. Because of the different nature of the drug's appearance, it looks like a pill or even candy, is the distribution network different than it is for what we would think of as harder drugs, like heroin or cocaine, or is it comparable?

Mr. VARRONE. I think the distribution chain is much broader than traditional heroin and cocaine organizations are. I think the handling and locations of distribution are more widespread, such as college and high school campuses. In addition, this belief, this false notion, that MDMA is harmless is causing more and more people to engage in it.

Chairman LIEBERMAN. Mr. Bailey.

Mr. BAILEY. Senator, we do not have it up in the north end of Hartford or down in your area of New Haven.

Chairman LIEBERMAN. These are sort of urban, low-income areas?

Mr. BAILEY. It is urban. It is suburban. It is upper middle-class. That is where they are getting it, and as you pointed out, to make this pill, it takes about six cents, and they can sell it for $20 to $40, and that is why people are going into the business.

Chairman LIEBERMAN. It sounded to me from the testimony that Dayna and Philip gave at the outset, that part of their purchases were from peers. The distribution, therefore, seems to be moving to where the market is, as you described.

Senator Bunning.

Senator BUNNING. Thank you, Mr. Chairman. Just an observation from most of the testimony, heroin, cocaine, crack cocaine, the public perception of those drugs in the United States is bad; the public perception of MDMA is either unknown or good. Therefore, we have a terrible education problem, not only trying to educate our young adults and our college students, but also their parents. That seems to me to be our No. 1 educational issue, to make sure that they know there are consequences from taking Ecstasy, as we saw from your scan of the brain. Unless we can get that information out, this drug is going to stay around an awful long time, because it is coming in.

Believe me, you said Los Angeles was one of the stops. Well, it just comes through Los Angeles to the Greater Cincinnati-Northern Kentucky Airport. The guy just stays on the plane or switches over to a domestic plane. For that matter, we have an awful lot of international flights coming from the area of Frankfurt, Paris, Rome, and all of the places that are becoming new distribution spots. My question is, is local law enforcement, the DEA and all other local and Federal agencies aware where these raves and other things are being published, that they are actually publicly putting notices or flyers up saying, "Come on down, have some fun?" How much of that, at the local level, Mr. Bailey, do you see, or if you do not see it, why do we know about it?

Mr. BAILEY. Well, in New York City, they rent a warehouse for a night. The reason why people were coming to Connecticut, they knew where the rave clubs were. They would wait outside for 4 or 5 hours to get in. They know they could get the supply in the rave clubs. But I think the testimony this morning from the young man was so important, when he said he had to commit crimes—burglaries, stealing TVs, tape recorders—to get the money to buy the drugs. I have never heard that before, and I think that is the message that has to go out of this meeting today, is that when you begin taking this pill, it can lead to criminal activities, and not just simple criminal activities—stealing from your mother's purse or something—real criminal activities of burglaries, where the young man could go away in Connecticut for 5 to 10 years.

Senator BUNNING. But normally don't we have the same problem with the harder narcotics?

Mr. BAILEY. Absolutely.

Senator BUNNING. So we have to look at this as a hard narcotic, like crack cocaine. We know the addiction. But we do not have that same message out in the public.

Mr. BAILEY. That is the point, Senator, which Senator Lieberman said. Right now, in the suburban areas of Connecticut, and I am sure across this country, no one is fearful of this drug, because it is in the high schools, it is into the colleges, and more importantly there is no negative—right now, there is no negative feeling about this drug. Up at the University of Connecticut—we have it up there, but this panel has finally brought out the image that it can cause brain damage and it can lead to crime.

Senator BUNNING. Let me ask Mr. Rutland; you mentioned the fact that more traditional narcotic traffickers are now involved, obviously for the money. What do you think are the long-term consequences of that, in direct competition to the people who have

been bringing it in. If we have traditional narcotics traffickers doing it—there is going to be a conflict, a major conflict, between those new people in the business and the people who have traditionally brought illegal narcotics into the United States.

Mr. RUTLAND. I agree, sir, and you point out probably our greatest challenge, one of our greatest challenges. Not only are we dealing with traditional narcotraffickers and the traditional source nations, sir, but we are now dealing with traditional narcotraffickers that are now living in the newer source nations and conducting business there. On some recent investigations of mine in Miami, it is definitely a problem. We are targeting those source nations aggressively.

Senator BUNNING. Can I ask anyone on the panel, how do we help the parents of these 14 year-olds, 13 year-olds, and on down, to recognize the symptoms? There are no eyes that you can look at, and there is no real knowledge about what we have to see in a young person that would tip us off. If I were raising nine kids, like I did, and this were to be a problem and I could see something that would tip me off—if they did not eat, if they dropped out of school, yes, but these are symptoms that come after the fact—how do we recognize it quickly? Yes, go ahead, Doctor.

Dr. LESHNER. One thing I think that is vastly important is to get the message out very rapidly that this is an equal opportunity destroyer, that this is a problem that is happening in every community and internationally, not just in this country, and to every group of kids. Therefore, every parent's child is literally at risk. The second thing is that there are some indicators that should alert parents; for example, mood changes. This is a drug, as you heard from Dayna and from Philip, that has very dramatic effects on mood while you are taking it, but also after you have taken it. It has to do with the brain chemical effects. But there is a verifiable, very real mood change that occurs after it. The other thing that happens that should alert parents is that it has long-lasting effects on memory. Now, it does not turn you into a school failure, but it certainly would take the edge off school performance. The way in which it interferes with the memory in a long-lasting way might take your child from getting 90's to getting 70's. Therefore, any change in school performance should be used as a hint to a parent.

Senator BUNNING. Well, the fact of the matter is that most other narcotics have the same effect. When you have crack cocaine or just regular cocaine or heroin, there is an ugliness to it. Marijuana does not have that same ugliness, except for the smell. You can tell if you are around somebody who is smoking marijuana—you can tell that they have been smoking marijuana. With this drug, you do not see anything except a pill. You have showed what you took away at the airport, but the fact of the matter is they must have some local places that are turning those into pills. Have we concentrated local law enforcement and Federal law enforcement in discovering where they are changed over to the pill?

Mr. VARRONE. Sir, most of the pill pressing is done foreign.

Senator BUNNING. There is not much done in the United States?

Mr. VARRONE. There is some, but to a much lesser extent. The pill presses are regulated, I believe, by the Drug Enforcement Administration.

Mr. KEEFE. Yes, sir. We do not see that many cases to date in the United States where we have had pill-presses seized.

Senator BUNNING. Or their producers.

Mr. KEEFE. Yes, sir.

Senator BUNNING. Just except a few?

Mr. KEEFE. Yes, sir.

Senator BUNNING. So it is still all being imported just as we see it on the chart?

Mr. KEEFE. That is correct.

Chairman LIEBERMAN. Senator Bunning, I think Detective Rutland would like to respond to the last question.

Senator BUNNING. Go ahead, Detective.

Mr. RUTLAND. Just to your last question, I think it is paramount—you were talking about looking for signs—it is paramount that parents in this country understand the nexus between the drug paraphernalia here, the club drug paraphernalia and the drug itself. There is a direct connection between the paraphernalia that is now used with this drug in these different venues. Surgical masks, water bottles, glow sticks, Vicks inhalers—parents need to understand and educate themselves that this paraphernalia is not a trend. This paraphernalia is a nexus between the drug and its use.

Senator BUNNING. May I ask the Chairman, does the bill that Senator Graham has deal with that type of thing?

Chairman LIEBERMAN. This will not come off your time. It is no problem. The bill which I have co-sponsored—Senator Grassley is also on it—has four major purposes; one is the education of young people about the negative health effects; two is education of State and local law enforcement and also funding; three is adequate funding for the NIH for research; and then fourth is State and local government initiatives.

Senator BUNNING. That does exactly what we need to get done.

Chairman LIEBERMAN. Yes. We have got some funding in here to do exactly what you are talking about.

Senator BUNNING. Thank you very much for the time.

Chairman LIEBERMAN. Thanks, Senator Bunning. I am going to ask a few more questions, and if you have any others you would like to ask, please do. You did clarify a question I was going to ask, which was that Mr. Varrone indicated that there had been the discovery of a lab manufacturing MDMA, Ecstasy, outside Los Angeles. I had understood that there was very little of this happening in the United States, but I gather that was a rare find, that it still remains mostly foreign-produced; is that correct?

Mr. VARRONE. Yes, sir. The manufacturing process is difficult, but there have been a few labs discovered. There was one discovered on a college campus in Boulder, Colorado. That lab, and I believe Mr. Keefe may know of more labs, having primacy in that area.

Mr. KEEFE. Sir, I think you referred to in your opening statement the one in Stonington, Connecticut, which was a small lab, obviously a very brilliant student, who was able to put the formula

together and work with some of the chemicals. The primary chemicals are List I chemicals here in the United States. There are only about 84 companies that actually involve with them, and we have pretty good registration work with them in checking that. That is not to say that we, being so innovative in the United States, will not smuggle chemicals in here, will not attempt to do clandestine labs. At this point, we have seen a number of them, as Mr. Varrone said, near college campuses, a couple of large ones. We have also seen chemical labs in Canada, on the U.S. border, which we have been working with our counterparts, with the Royal Canadian Mounted Police, on those. Certainly organized crime lab operators and whatnot will work together to build labs, and it is certainly a concern of ours.

As Mr. Rutland stated, that is why we all need to work together to identify this information and share it, so that we can work on these cases.

Chairman LIEBERMAN. So this is not easy to make?

Mr. KEEFE. No, sir. You do not have to be a chemist, but you have to have some background, although you can get the formulas off the Internet.

Chairman LIEBERMAN. Right. Dr. Leshner, do you have anything to add to that? In other words, it is not just mixing a few things together. You have got to know how to do this.

Dr. LESHNER. Right, this is serious chemistry.

Chairman LIEBERMAN. Right. While I have you there—and if you or any other witnesses do not have this information, maybe Dr. Vereen, I will ask you to submit it for the record—I gather there have been some deaths that are associated with Ecstasy use, and I also have seen numbers, as I mentioned earlier, about remarkable increases in emergency room mentions of Ecstasy. Do you have any data on that?

Dr. LESHNER. We do. First of all, there is tremendous individual differences in susceptibility to the acute, the short-term effects of the drug. So some people are tremendously reactive, both to its stimulant effects and to its effect of raising body temperature. The Substance Abuse and Mental Health Services Administration just released the emergency data from the DAWN survey, and we went from something like 250 emergency room cases of Ecstasy in 1994, to over 4,000 in the year 2000. This is a tremendous increase. This is a representative sample. It is not the total of emergency room cases. So those people who are particularly susceptible to the drug can go into convulsions, febrile convulsions, as you would with any fever. People have had strokes. People have had heart attacks. It is very, very powerful stimulant, and therefore it has all of the associated dangers with it.

Chairman LIEBERMAN. Dr. Vereen, do you want to add anything to that?

Dr. VEREEN. Yes, that is very important information. It is our job to take that and to turn it into something that is useful. Parents need to be aware that they may not see these findings in the emergency room every day, but we have to get the information out there. And as Senator Bunning was indicating earlier, this concern and challenge about getting messages out to parents about what to

look for, there are efforts to help parents and young people in the steps before that.

For example, our National Youth Anti-Drug Media Campaign has messages for young people on how to refuse invitations from peers, because when you heard from our two young witnesses earlier, it was in the setting of peers that they took the drug. There are negative consequences that parents need to be able to sit down and talk to their young folks about, and there are parenting skills that can be shared, as well. In addition, we try to get information out into television by talking to writers and producers. We have recreated in some ways the panel that you have in front of you, to educate the folks who write for daytime television and popular television, so that accurate information gets out there early.

Chairman LIEBERMAN. Good. Dr. Vereen, you had interesting testimony about the four stages of drug use or past epidemics. Just give me those four stages again.

Dr. VEREEN. Yes. There is the initiation phase, and then there is the expansion phase, and then the plateau, and then the decline.

Chairman LIEBERMAN. And now we are in the expansion phase for Ecstasy.

Dr. VEREEN. Yes.

Chairman LIEBERMAN. Growing rapidly, some alarming numbers, about one out of nine, I think you said, of high school seniors using it, still lower than other drug usage. So the question is obvious. What can we do all together to try to stop it, to get it to the plateau and reduction phase so it does not go through the normal sequence—which would be continuing expansion. I know that last year we adopted legislation that increased the penalties under Federal law for—is it Ecstasy possession and sale? The question is, and let me ask you all to take a shot at this, what are the one or two most significant things we could do now? Let me ask another question. Are we working enough together now or is law enforcement working together enough now? Dr. Vereen.

Dr. VEREEN. Yes, I can tell you unequivocally, and you have heard directly from law enforcement, but more importantly, the collaboration is happening faster than it has in other epidemics.

Chairman LIEBERMAN. You all clearly identified this as a priority concern from your testimony, and this is something that you see happening and you are trying, each in your own way, to do something about it. So let me go back to my previous question then. What are a couple of things that we could do, we in Congress, perhaps members of State legislatures, local governments, to try to stop the expansion and have the usage of this drug recede? Let's just go down the row. Dr. Vereen.

Dr. VEREEN. One thing we can do is learn from what we have done in the past. We got guidance to develop a methamphetamine task force several years ago. That allowed us to go out across the country to meet with local officials and groups, and understand the methamphetamine problem as it was spreading across the country from west to east. This drug is spreading in a different fashion, but certainly a collaborative effort, a task force that would allow us to focus even further, as we have now, to tailor a response for this particular drug. There are some general issues we have to deal with in every epidemic, as I have tried to outline, but each drug

takes advantage of vulnerabilities in different communities, and we have to help equip our communities to thwart the spread of these drugs. We have to do prevention. We have to do education. We work with law enforcement. We have to pay attention to the influx from the outside of this particular drug, and all of that has to be coordinated and reviewed, coordinated and reviewed.

Chairman LIEBERMAN. I am pleased to tell you that the bill that I referred to does call for the creation of an interagency Ecstasy task force. Dr. Leshner, what would you say are the one or two things we could do together here?

Dr. LESHNER. The biggest determinant of use rates over history has been the perception of harm or the perception or risk. As the perception of harm goes down, use goes up, and the reverse. So my view is that among the most important things we can do is get accurate, non-hyperbolic—it is important that it be accurate—information about the dangers of Ecstasy use out into every community in this country, in ways that can actually be used by people. That is, we have to speak to people where they are, not where we are, and talk to them about the nature of this substance and the danger it poses for our young people and for generations to come.

Chairman LIEBERMAN. Mr. Varrone.

Mr. VARRONE. Yes, sir. Mr. Chairman, the concept of an interagency Ecstacy task force, I think, is excellent. We currently have a unit where we coordinate investigative and introdiction activity within Customs and share our findings. However, a large task force seeing where we can put out our findings to the larger community and have increased contact with DEA and the international community, I think, would be very helpful. This task force would also benefit us in addressing the active, and unfortunately successful, campaign to market Ecstasy across this country. It would enable us to more effectively convey the serious and harmful effects of MDMA use. I have high school children myself, and I am often alarmed when I talk at the dinner table about Ecstasy, and they seem to know as much as I do, if not more. That is certainly very alarming as a parent. I really think that education and public outreach getting the message out quickly to our young people, is vital to our success. To date, we have had success in this area through the use of our Customs website.

Chairman LIEBERMAN. Mr. Keefe.

Mr. KEEFE. Sir, the continued support by Congress to assist law enforcement in attacking these criminal organizations that bring this drug into our country, and assist our agents overseas who are working with our foreign counterparts throughout the world to attack these global organizations is very important.

Chairman LIEBERMAN. So some of that is adequate funding.

Mr. KEEFE. Continued adequate funding, certainly, to attack them. As we move in certain directions and as we see with our foreign counterparts as they attack it, they will move in different directions. Whether they will come into Cincinnati and bypass L.A.—as we continue to work together in law enforcement, to be supported so that we can get that information out, so that we can continue to attack them from a law enforcement—and echoing Mr. Varrone's comments of getting out the right message through de-

mand reduction programs, to educate the young people and the parents of this country, is very important.

Chairman LIEBERMAN. Do you need additional law enforcement authority, or is there enough in the existing laws?

Mr. KEEFE. I believe for Ecstasy, sir, the recent increase in the penalties will be certainly helpful. I think they have been adequate. I do not have all the expertise here—knowledge right now. Some of the other date-rape drugs, sir, I think we might want to look into some of the sentencing requests on that so that they do not move from one area to another. As we attack, they will come in different ways, sir.

Chairman LIEBERMAN. There was reference in somebody's testimony to use of a so-called crack-house statute.

Mr. KEEFE. Yes, sir.

Chairman LIEBERMAN. Which I have before me, which just generally makes it unlawful to, "Manage or control any building, room, or enclosure, knowingly and intentionally rent, lease or make available for use for the purpose of unlawfully manufacturing, storing, distributing, or using a controlled substance." Is that something that you are using now to combat Ecstasy?

Mr. KEEFE. Yes, we are, sir. We have used it in New Orleans, in Louisiana, and in other places similar to what Mr. Bailey is doing on a State level in Connecticut. I think we need to bring all these efforts together, whether it is civil or criminal, to do everything we can to work together to close these places where people are making money there, using kids to make money.

Chairman LIEBERMAN. Well-said. Mr. Bailey.

Mr. BAILEY. I mentioned before we met with 125 high school students in Connecticut, and what really shocked me was they told me—and they met and came out with a list—that they wanted to have the DARE program—fine, it is in grammar school—but they felt that it should be in high school, because they would finally find out the new drugs out there. When they were told about marijuana and cocaine and crack in grammar school, they said by the time they got to high school, they forgot all that and they did not know about Ecstasy. They did not know about the club drugs. They did not know about Special K, and they wanted to have that information in the high schools, because they had no knowledge of any of these new drugs at all.

Chairman LIEBERMAN. That is exactly what I have heard in visits with high school students in Connecticut, exactly the same. Detective Rutland.

Mr. RUTLAND. Mr. Chairman, the previous changes in the guidelines regarding MDMA, both at the Federal level and the State level, I believe have been very effective. I have seen direct results. I am pleased to say I was an active part of the National Youth Anti-Drug Media Campaign with the ONDCP. We went out and gave the message to these screenwriters, who then put the message out on television and radio. I, in addition, have seen direct results there. All of these different methods have been effective. I see the results now.

I think Dr. Vereen was directly on point when he mentioned this national task force. I think a national task force that focused simply on MDMA, in conjunction with different Federal agencies, dif-

ferent outside foreign agencies, such as Interpol, Europol, would, in addition, be very effective.

Chairman LIEBERMAN. Thank you. Senator Bunning.

Senator BUNNING. I just would like to reinforce what I said before. The methamphetamine madness took Kentucky by storm. We have got places that are producing it all over Kentucky. My fear is that even though this drug is more sophisticated, you can get the same type of production because it is so successful, and then distribute it, not only from importing those funny looking pills, but you can bring them in and make them look like aspirin, locally. I know that the sophistication of the chemical mix makes it a little more difficult, but that has never, ever stopped criminal narcotic distribution in the United States in any stretch—crack cocaine, cocaine, all have local distribution centers.

I would hope, through this bill, that we can at least prevent that from starting. But we have an awful lot of work to do in the education of parents and children and young adults, particularly, and the peer pressure that goes with being a young adult, that you could just have a pill handed to you and right there you are hooked. It is just like crack cocaine, nothing more addicting than that, that I know of. Of course, the level of being addicted varies with the person. I hope this information that we got today will stimulate our interest in moving that bill to the floor. I know that I have been uninformed, and now I am a lot more informed. Thank you for being here today, and hopefully, Detective Rutland, we can get right to the heart of things. Thank you.

Chairman LIEBERMAN. Senator Bunning, thanks. Thanks for your participation in this hearing today. This has been a very important, informative hearing and, of course, I hope the word goes out from here about the dangers of this drug, just as Senator Bunning said. That is probably the most important thing that could happen from here, but I want to in some sense, issue a challenge to all of us, which is that we now see yet another problem, another threat to our kids and to our society. The question is whether we are going to be able to get together with a combination of education, prevention and aggressive law enforcement, adequately supported, and research—I would add, Dr. Leshner—so we will be able to curtail what would otherwise be the extended lifespan of this MDMA, Ecstasy, crisis—epidemic—and to knock it down.

We may come back in September and do another hearing on this subject, maybe ask Senator Graham, Senator Grassley, and others who have worked on this legislation with us, to come in and bring others in, as well. Then, as my colleague said, this is serious enough to see if we can get this bill out and passed this year. Considering all the other things we spend money on, this is a relatively modest appropriation with a major potential effect. We were all adolescents once. We know the struggles of adolescence, and we know the extent to which adolescents, by their very nature, live on the edge. And, this is today's threat to them as they go to the edge, seemingly for many of them, in an innocuous, harmless way. This threat may lead them to hurt themselves seriously for the rest of their lives, even end their lives.

So I thank all of you on this panel. I thank again Dayna and Philip for their compelling testimony that started this out. We are going to keep the record of the hearing open for a week.

[The prepared statement of Senator Levin follows:]

PREPARED STATEMENT OF SENATOR LEVIN

Thank you Mr. Chairman for holding this hearing. I think it's extremely timely.

I'm alarmed at what I've been reading about the rapid growth in MDMA abuse across the country and I'm especially concerned about what's happening in Michigan. In Detroit alone, the number of poison control cases from MDMA more than doubled between 1998 and 2000. In the seven States that make up the Great Lakes Organized Crime Drug Enforcement Task Force region, 30 agencies have reported that MDMA is "readily available."

In September of last year, customs officials seized two MDMA shipments at the Detroit Metropolitan Airport. And in August of last year, Canadian authorities intercepted more than seven and a half million dollars worth of MDMA in a container of automotive parts that originated in Belgium and was believed to be bound for Michigan.

Among other problems, the increased demand for MDMA has opened new avenues for organized crime. In fact, law enforcement officials in my State report that Israeli and Russian syndicates have already secured control of the transport and wholesale distribution of MDMA in Michigan. Unfortunately, I believe that an increase in violence will come in the wake of the MDMA trade.

The rapidly rising number of people abusing MDMA means that we may be approaching this situation faster than we expected. In fact, just last week *USA Today* reported that emergency room visits involving Ecstasy increased 58 percent between 1999 and 2000. We have to do something to stem the tide of abuse. I hope this hearing allows us to better understand what needs to be done and provides some insight as to how the Congress can help. Thank you Mr. Chairman and I look forward to hearing from the witnesses.

Chairman LIEBERMAN. We may have some additional questions we want to ask you to answer for the record. Until then, thank you, and the hearing is adjourned.

[Whereupon, at 11:47 a.m., the Committee was adjourned.]

APPENDIX

PREPARED STATEMENT OF DAYNA MOORE, PHOENIX HOUSE DRUG REHABILITATION CENTER, RONKONKOMA, NEW YORK

Good morning. My name is Dayna Moore, and I would like to thank the Committee for giving me the opportunity to testify today. I am a resident of a Phoenix House residential drug treatment program in Long Island, New York.

Before coming to Phoenix House six months ago, I was 20 pounds underweight, and I would often go two or three days without sleep. I wouldn't go to school for a month at a time. I had no hope for the future. I was going nowhere, and I didn't care. My life was spiraling out of control because I was addicted to Ecstasy.

I hadn't always been a kid in trouble. Until I was 13, I was an honors student. I grew up in a nice, middle-class town, with two parents at home. I helped out raising my little brother and sister. And three days a week, I went to dance class -- ballet, jazz and tap -- I was good at them all. I had hoped some day to be a dance teacher. I also sang in the school chorus.

When I was 13, I tried marijuana. I used Ecstasy for the first time when I was 14, and it completely changed my life. My friends had been doing it for a while, and they told me it was the best experience of their lives. I was scared, but I fell into peer pressure and tried it. I swallowed the pill, and a half hour later I started to feel it. The first words that came out of my mouth were: "This is the greatest feeling ever. I have no problems." Nothing could bring me down. I had so much energy and I loved everyone.

But, when I came down, I fell into a deep, dark hole. It was a depression that I couldn't stand, and I could only get out of it by letting time pass or by taking more Ecstasy.

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From that day on, my life began to go downhill. I began using Ecstasy every day. I had already been in trouble from smoking marijuana and skipping school, but now I found it impossible to get up in the mornings, and I stopped going to school for days and weeks at a time.

I was the subject of a PINS petition, meaning I was a Person In Need of Supervision. A judge eventually ordered me into an outpatient drug treatment program. I went for seven months, but I got high the whole time.

First, I was able to buy Ecstasy by lying to my mother. I would ask for money for movies or for clothes. Then I would spend it on Ecstasy. When that didn't work anymore, I would steal money from my parents' walle ts. In the beginning, I hid my drug use from my parents. After a while I didn't care anymore. What could they do about it anyway? My mother would say "You haven't been eating!" or "You haven't been sleeping!" and I would just say "Yeah, mom, I was usin g Ecstasy."

Sometimes my mother would plead with me, "You could die from this!" And I would say, "I don't care."

I knew this was what drugs could do to me, but I just couldn't stop. The addiction I developed for Ecstasy was too strong for me to overcome alone.

Ecstasy led me to harder drugs, like cocaine and angel dust. My drug use just got worse and worse, and I kept failing drug tests ordered by the courts. When I finally went to court with my mother, we both asked the judge for help. I knew my family loved me

very much and they supported me, but I had destroyed their trust in me. I knew it was time to regain it. The judge ordered me into long-term residential treatment at Phoenix House.

Since I have entered treatment, my life has changed drastically. Over the past six months, I have learned to stop living for the next brief high. I have realized that by doing drugs, I was going absolutely nowhere and I was throwing my life away. I have focused again on who I really am and on my education – something that was always so important to me. I am thankful that my relationship with my family is strong again. My family is now very proud of me and that makes me happy.

To anyone who thinks Ecstasy isn't a serious drug, I give this a dvice: stop before you get hurt. I spent years chasing that first magical high, and that chase almost killed me. I was once a normal kid and Ecstasy took me down a deadly, destructive path I could never have imagined. Life is too precious. Ecstasy is not worth it.

Thank you.

PREPARED STATEMENT OF PHILIP McCARTHY, PHOENIX HOUSE DRUG REHABILITATION CENTER, RONKONKOMA, NEW YORK

Good morning. My name is Philip McCarthy, and I want to thank you for having me testify today. I am a resident of a Phoenix House residential drug treatment program in Long Island, New York.

I'd like to tell you about my life on Ecstasy – a life I am not proud of.

For three years my life revolved around Ecstasy, getting high, and finding the money to get high. At times I robbed houses for television sets and anything else of value. The reason: I needed over $300 a week for Ecstasy.

I am 17 years old and was a pretty good kid. I grew up in middle class neighborhoods in Connecticut and Long Island. I had good grades in school and I played junior varsity basketball, baseball and hockey. I liked to draw and I wanted to become an architect.

But in the eighth grade, I tried marijuana, and I got heavily involved. The next year, I was at a party and a friend showed me a few Ecstasy pills. At first I said "no." But I could see everyone having fun, so I took a pill.

It was amazing. It felt like the world was glowing with love and my body felt unreal. I felt like I could do anything. I had so much confidence. And everyone seemed so happy. It was a high I definitely wanted again.

Pretty soon I was using Ecstasy almost every night. Sometimes I would go two or three nights without sleep and I didn't eat all day. You could tell that I was living a rough life by the bags under my eyes and my low weight.

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After a while I started to stay away from home. When I did come home, I wouldn't talk to my family. I wouldn't even look at anyone. I w ould just walk straight to my room, or walk straight out the front door.

Getting money to support my Ecstasy habit became a problem. At first, I asked my grandmother for money for the movies. But soon she stopped giving me money. So my friends and I started looking for other ways.

We offered to sell drugs to kids who gave us their money. But we just walked away and gave them nothing in return. That worked a few times, but we needed even more money.

So we started going into the open windows of hous es and stealing TVs, VCRs and anything else we could sell.

Some people may say that Ecstasy is not addicting. And it may not be ***physically*** addicting. But I can tell you I was scared to death of breaking into houses. Yet I wanted to get high so badly, I was willing to risk it. And by this time, I needed three to five pills a day to get high and they cost $20 a pill. It was an expensive habit.

And, it was not always a pleasant experience. When I came down from Ecstasy, I felt depressed, angry, and lonely. I would tell myself over and over, "I hate this. I'll never do this again." But, of course, the next day, I would get high again.

Because of Ecstasy, I stole. I associated with criminals. I skipped school, and I got in trouble with the courts -- I was incarcerated six times in juvenile detention centers.

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For three years, I was on probation, and during that time, I got high. Finally, the court ordered me into Phoenix House.

Over the past three months in treatment, I have begun to learn about myself. I have learned to control my emotions and to think before I act. I have learned that I don't need drugs to have fun, to have friends, and live my life.

I have also learned to talk to my parents and tell them the truth because the truth, no matter what it is, doesn't hurt as much as a lie.

I feel remorse for what I have done and the damage I have caused to people's property and their lives. Perhaps a first step I can take in making it up to people by saying what I have learned: Ecstasy is not a fun, light-hearted drug. It can ruin lives. It can make you sick. It can make you do things you never would have done otherwise.

My advice to anyone thinking of taking Ecstasy is stay away. Ecstasy is bad news. Thank you.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

Testimony of
Donald R. Vereen, Jr., M.D., M.P.H.
Deputy Director
Office of National Drug Control Policy
before the
United States Senate Committee on Governmental Affairs
"Ecstasy Use Rises: What more needs to be done by the government to combat the problem?"
Monday, July 30, 2001

Introduction

Chairman Lieberman, Senator Thompson, distinguished members of the committee:

I would like to thank you for the opportunity to testify today about methylenedioxymethamphetamine, or MDMA for short. MDMA is a mind-altering synthetic drug that was originally patented as a treatment for obesity, but because of its adverse side effects, was never marketed. Today MDMA is clandestinely manufactured in Western Europe, primarily in the Netherlands and Belgium, which produce 90 percent of the MDMA consumed worldwide. Although estimates vary, the cost of producing a single MDMA tablet is between 50 cents and one dollar. Once MDMA reaches the United States, it is aggressively marketed. Here, it is known as "Ecstasy"—a name that means overwhelming emotion, or rapturous delight. It is also known as the Love Drug, and the Hug Drug, and is said to promote feelings of love, closeness, and empathy. Manufacturers imprint the tablets with "designer" labels, to make them more attractive.

Some people are making a lot of money by selling this drug to our kids. It is in their financial interest to downplay any harmful effects of MDMA. Indeed, the popular myth surrounding this drug is that it is harmless, and that any deaths or adverse medical conditions brought on by MDMA use were actually a result of not knowing how to use the drug responsibly, or of thinking you took MDMA when in fact you took another drug. The truth is, as we will hear from Dr. Leshner, that MDMA is a Schedule I drug for good reason—it has no known medical use in the United States, and a high potential for abuse.

MDMA is one of the most problematic drugs that has emerged in recent years. MDMA is a public health problem that is behaving like an epidemic. Taking cues from past epidemics, including drug epidemics, many researchers view a four phase cycle: incubation, expansion, plateau, decline. MDMA is now in the expansion phase; it is expanding to new/other drug users. No single solution can effectively address the multifaceted challenge posed with this drug. The Office of National Drug Control Policy, as part of the national drug control strategy, insists on a comprehensive response to all emerging drug epidemics, and MDMA in particular. Drug prevention, treatment, research, law enforcement, protection of our borders, supply reduction, and international cooperation remain necessary components of our efforts. In this regard our

agency is uniquely positioned to integrate public health, public safety, and a public policy perspective in the face of the spread of synthetic drugs such as MDMA. We applaud Congress in its continued efforts to focus on preventing the continued emergence of this drug.

I would also like to recognize our partners in our integrated approach to this problematic drug. The Drug Enforcement Administration (DEA), United States Customs Service (USCS), and state and local law enforcement heroically pursue the increasing numbers of cases brought to their attention. I would like to thank the young people who testified here today. The youth of our nation are most vulnerable to the grave dangers of MDMA. Those who came here today are courageous, and I commend them for all that they represent for themselves, their peers, and their community.

Thank you to our collaborators at the Department of Health and Human Services particularly the Substance Abuse and Mental Health Services Administration (SAMHSA) for their exemplary work in the prevention arena. Thank you also to Dr. Alan Leshner, Director of the National Institute on Drug Abuse, one of the world's leading authorities on drug abuse. NIDA plays a critical role in shaping and conducting research necessary for our understanding of the complexities of this drug and its effects on the brain and we are indebted to his leadership.

Public Health Impact of MDMA: The Problem

ONDCP bases sound drug policy on scientific research consistent with the goals of the *National Drug Control Strategy*. Research in areas of neurobiology, ethnography, epidemiology, behavioral change, death rates, and other health effects encompass some of the foundation upon which the Nation's drug policy is based. Increasingly available data on MDMA assists in our understanding of this emerging drug.

MDMA increases awareness of the senses, and is marketed as a way to enhance the techno music experience at raves and clubs. Loud, pounding music, psychedelic lights, and glow-sticks are part of the scene. Young people are willing to pay between $25 and $40 for a tablet that costs under a dollar to manufacture. Huge profits can be made from the sale of Ecstasy paraphernalia, too. Since MDMA use may cause an increase in body temperature and dehydration, bottled water is sold at prices far above normal. Pacifiers to alleviate teeth clenching, glow-sticks to enhance the visual experience, mentholated rub to smear on the inside of surgical masks to open the bronchia—these are some of the things sold along with Ecstasy.

Epidemiological trends. Manifestations of the health consequences cited above can be seen in a sampling of hospital emergency room admissions documented in *the Drug Abuse Warning Network* (DAWN) summary data. The DAWN survey captures data from emergency department episodes that are related to the use of an illegal drug or the nonmedical use of a legal drug.[1] The survey revealed that the number of mentions of MDMA has grown from 250 in 1994 to 1,143 in 1998 to 2,850 in 1999 and 4,511 in 2000. The 2000 data represents a significant increase showing a 58 percent increase from 1999. These data since 1994 represents nearly a

[1] A drug episode is an emergency department visit related to the use of an illegal drug(s) or the nonmedical use of a legal drug for patients aged six years or older. A "drug mention" refers to a substance that was mentioned (as many as four) during a single drug-related episode.

twenty-fold increase in a 6-year period. It should be noted that the total number of MDMA mentions comprises less than half of one percent (0.4%) of the total number of drug-related emergency mentions (1,100,539) in 2000. More than seventy percent of emergency department episodes involving any substances known as "Club Drugs" (e.g., MDMA, GHB, Ketamine, LSD or Rohypnol), involve more than one drug.[2] The data also indicate that young adults are disproportionately represented in emergency department visits involving Club Drugs.

Deaths attributed to MDMA. An increasing number of deaths have occurred as a result of malignant hypethermia or idiosyncratic reactions to the drug, but these remain rare. From 1994 through 1999, the number of deaths nationwide attributed to MDMA was a total of 71 (out of a total of 58,595 drug-related deaths nationally). However, of that total, the number of deaths related to MDMA use in 1999 alone was 42 (over 60 percent of the total number of deaths over the entire 5-year period sampled) indicating a disproportionate increase in recent years. It is highly probable that the number of MDMA related fatalities are currently underreported due to the fact that MDMA is often used in conjunction with a variety of drugs, including alcohol, which contributes to fatalities in automobile accidents and multiple-drug overdoses. Further, problems in accurate drug testing for MDMA impede proper detection. Many states have not fully implemented adequate testing regimens to screen for MDMA in cases of intoxication at time of death, especially when used in conjunction with other substances.

Data suggest that greater availability of MDMA is contributing to its popularity and increased use. Federal law enforcement agencies report a surge in MDMA seizures between 1998 and 2000. The DEA and the US Customs Service will provide testimony that demonstrates increasing amounts of the drug have been seized in each of the past three years.

Other health consequences. MDMA's immediate effects last approximately 3 to 6 hours (although they can last up to 24 hours). The drug's effects vary with the individual taking it, the dose and purity, and the environment in which it is taken. Physical effects may include muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and chills or sweating. Users may experience increases in heart rate and blood pressure, a special risk for people with circulatory or heart disease. The stimulant effects of MDMA may also lead to dehydration, hypertension, and heart or kidney failure. MDMA also induces a state characterized as "excessive talking" (loquacity). Side effects including anorexia, psychomotor agitation, difficulty in achieving orgasm, and profound feelings of empathy, can all be explained as results of the flooding of the serotonin system.

Some of the short-term health effects become the targets of exploitation and the "culture" of using the drug such as selling bottled water at exorbitant prices or selling pacifiers to mitigate the effects of teeth clenching; other health effects are less recognizable and are dangerous. MDMA impacts the cardiovascular system, respiratory system, the central nervous system, and the musculoskeletal system with deleterious effects. There are a number of documented health risks associated with MDMA including severe dehydration and death from heat stroke or heart failure.[3] A review of several studies by the National Institute on Drug Abuse (NIDA) concludes that heavy MDMA users have significant impairments in visual and verbal memory as a long-

[2] Office of Applied Studies, SAMHSA, The DAWN Report: Club Drugs, December 2000
[3] National Institute on Drug Abuse www.nida.nih.gov

term effect compared to non-users.[4] Further, findings by Johns Hopkins University and the National Institute of Mental Health (NIMH) suggest that MDMA use may lead to impairment in other cognitive functions, such as the ability to reason verbally or sustain attention.[5] From a public health perspective, the misnomer "Ecstasy" — which implies a benign substance —is one of the most harmful aspects of this drug epidemic.

Community data. Both ONDCP's Pulse Check[6] and NIDA's Community Epidemiology Work Group (CEWG) report that MDMA use is based on availability and that concurrent use of other drugs, either consciously or unwittingly through adulterated products, is prevalent. In March, 2001 ONDCP released its latest *Pulse Check: Trends in Drug Abuse Mid-Year 2000*. The special topic of the report was MDMA and other club drugs. The report chronicled changes in drug use between 1999 and 2000. Key report findings are: 1) Availability of MDMA has increased dramatically in nearly every Pulse Check survey location; 2) MDMA is often used and sold in combination with other drugs, such as hallucinogens, cocaine, heroin, marijuana, methamphetamine and prescription drugs; 3) MDMA users and sellers are extending beyond white, middle class males and females to other demographic groups; 4) the drug is expanding beyond nightclubs and raves to high schools and street markets; and 5) as MDMA consumption increases, the use of adulterants, especially stimulants, is also increasing (used to moderate the dysphoric effects experienced after MDMA use). While it appears we are containing the use of heroin and cocaine which generate the highest healthcare, criminal justice and social costs, MDMA use has the fastest accelerating illicit drug trend in the past few years. What is also disturbing is that the negative health affects are not appreciated by the user.

School data. MDMA has surpassed inhalants as the third most widely used illicit drug among high school seniors, (marijuana remains the most commonly used illicit drug among high school students, followed by the non-medical use of amphetamines including methamphetamine). According to the 2000 *Monitoring the Future* (MTF) survey, past-year use of MDMA by 8th graders increased from 1.7 percent to 3.1 percent between 1999 and 2000; past-month use increased from 0.8 percent to 1.4 percent. Past-month use of MDMA by 10th graders increased from 1.8 percent to 2.6 percent and past-year use by 12th graders increased from 5.6 percent to 8.2 percent. Among 12th graders, the perceived availability of MDMA rose sharply – an increase from 40.1 percent to 51.4 percent. This is the largest one-year percentage point increase in the availability measure among 12th graders for any drug class in the 26-year history of the MTF study.

Tests for detection of MDMA. We have identified the need to improve testing for MDMA. Although the technology for detecting MDMA in urine samples already exists, and can be commercially requested, this technology is cost-prohibitive for any large-scale operation. Members of the drug testing industry are responding to the urgent need for cost effective initial

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[4] See Hatzidimitriou, G., McCann, U.D., and Ricaurte, G.A. "Altered Serotonin Innervation Patterns in the Forebrain of Monkeys Treated with (±)3,4-Methylenedioxymethamphetamine Seven Years Previously: Factors Influencing Abnormal Recovery." *The Journal of Neuroscience*. June 15, 1999, 19(12) 5096-5107 and McCann, U.D., Eligulashvili, V., Ricaurte, G.A. "Cognitive Performance in (+/-) 3,4 Methylenedioxymethamphetamine Users: A Controlled Study." *Psychopharmacology*, April 1999, 143(4) 417-25

[5] Ibid.

[6] Pulse Check is an ONDCP commissioned document published semiannually that provides a snapshot of local drug abuse situations throughout the country focusing on a specific drug within a six-month period. It is a critical qualitative measure that complements other reports and studies

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screening tests for MDMA and its analogues. The Food and Drug Administration (FDA), which has the responsibility for clearing such diagnostic tests for commercial sale, will be involved in *reviewing products for MDMA testing. Members of the drug testing industry have expressed* interest in MDMA testing, and may submit their own products for FDA review and clearance in the near future. The SAMHSA-based National Laboratory Certification Program (NLCP), that supports federal drug-free workplace testing, has met with the FDA, and together they are exploring ways to speed up review and approval of a MDMA test, and other tests that may become available in the future. We have a responsibility to protect the public safety, and must therefore test workers in safety-sensitive positions whose memory or judgment may be affected by MDMA use. In addition, drug-testing has proven to be a deterrent to drug use.

MDMA Availability: The Sources, Trafficking and Interdiction

Approximately eighty percent of United States MDMA seizures are drugs produced in the Netherlands. In the near-term, predominantly Israeli organized crime entrenched in the Netherlands will likely remain the dominant force in facilitating the distribution of the drug for destinations in Europe and the U.S. European traffickers appear to be increasingly transporting MDMA to the U.S. through Mexico. Although MDMA tablets are exported worldwide, the United States is the main country of destination with more than forty percent of all MDMA tablets destined for American markets.[7]

Production of MDMA. MDMA production is a multi-stage process that requires a full laboratory setup. Precursor chemicals include safrole/isosafrole, MDP2P (3,4 methylenedioxyphenyl-2-propanone), methylamine, and piperonal. These precursor chemicals are regulated List I chemicals. The main precursor chemical source countries are Poland, Germany, China, and India. The key transshipment countries include Canada, Dominican Republic, France, Germany, Israel, and Spain. Precursor chemicals are readily available throughout Europe, as are professionally-trained chemists. Production lab equipment, including pill presses, are widely available as well. Internet-markets facilitate the sale of these items.

Distribution and Organized Crime. In the Netherlands, various organized crime syndicates produce synthetic drugs. Israeli drug trafficking organizations currently dominate the MDMA distribution channels, while domestic criminal groups appear to be increasing their networks with their own supply sources in Europe. In the last few years, couriers were used over forty percent of the time to transport the drugs. Parcel post, used fifteen percent of the time, represented the next largest mode of transport.[8] Production of MDMA is not widespread within the United States.

Along with the proliferation of new laboratories in Europe and Asia sophisticated distribution channels and aggressive marketing methods by drug trafficking organizations continue to increase worldwide supply. The increase in supply--coupled with proven marketing techniques directed at venues of vulnerability, such as dance clubs, vacation spots and youth recreational areas--has helped make MDMA readily available in the United States. This

[7] Interpol memo, December 15, 2000.
[8] Ibid.

phenomenon has been reported not just domestically, but in Europe, Asia and in some Latin American countries. Synthetic drugs, including Ecstasy, amphetamine, and methamphetamine are now widely available in throughout Europe, the U.S. and Asia.

Supply reduction efforts have continued to emphasize 1) precursor chemical control and 2) identification and prosecution of drug trafficking organizations. The law enforcement and intelligence recommendations identified in the interagency Club Drug Conference hosted by DEA in August 2000 suggest a basis for the leveraging of law enforcement and intelligence cooperation in Europe. In the interim, additional investigation is needed to fully identify other vulnerable "nodes" in the production/distribution network while providing more emphasis on each of its components, such as production labs, organized crime and methods of transshipment. To form a working model of MDMA production as a system, information such as revenues generated, production estimates and flows need to be developed.

Federal Efforts

ONDCP has convened a Federal Interagency Demand Reduction Working Group Subcommittee to address MDMA. This group consists of representatives from agencies such as the Departments of Education, Labor, Interior, Transportation, Veterans Affairs, Health and Human Services, Defense, and Justice. Through the information gathering and exchange that occurred during the meetings we identified the need for a screening tool and the development of cost-efficient testing systems. One product of this collaboration is the identification of gaps in the prevention and treatment fields, such as the need for more MDMA testing, to adequately address MDMA.

In August 2000, the National Youth Anti-Drug Media Campaign launched a nationwide radio and Internet initiative focused specifically on MDMA. The initiative is designed to educate people about the drug's dangers and change the widespread misperceptions that it is harmless. This is in keeping with a research-based prevention principle that recommends intensifying anti-drug messages when a new drug threat emerges. A total of $5 million in purchased messages was allocated to this effort. The campaign targets both youth and adults through a combination of national radio ($3 million), spot (local) radio ($1.5 million) and Internet activity ($.5 million). Local radio activity includes 14 markets: Chicago, Denver, Miami, Atlanta, New Orleans, San Francisco, Austin, Seattle, Boston, Detroit, New York, St. Louis, Dallas, and Washington, D.C. In addition to the purchased messages, $3.9 million in pro bono media-match messages are being targeted at parents.

The Media Campaign also has an entertainment industry outreach component which educates the creative community about drug abuse and addiction issues. As part of this outreach, the Campaign convened *Ecstasy 101*, to provide scientific information and data to entertainment writers, network executives, and magazine feature writers. An MDMA Media Campaign roundtable was also held with invited directors, writers from television networks and news media that frequently cover the entertainment industry, medical experts, undercover narcotics officers, and selected youth drug use victims who told their own stories about their experience with

MDMA. The roundtable was held in Los Angeles in September 2000 and repeated in New York in December 2000.

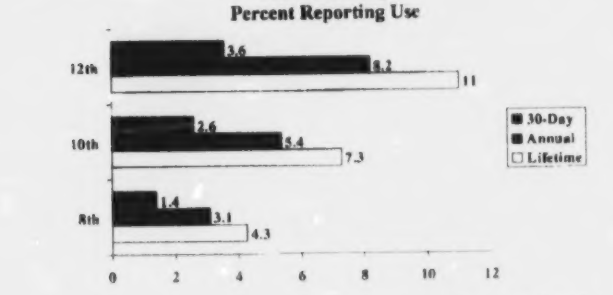
ONDCP's High Intensity Drug Trafficking Area (HIDTA) Program is a strategy-driven drug enforcement effort. The HIDTA Program facilitates the coordination and leveraging of resources of over 900 local, 172 state, and 35 Federal law enforcement agency resources, including 86 other participating organizations. Each of the 28 HIDTAs develops annual strategies based on yearly regional threat assessments of the illicit drug conditions. These HIDTAs have also been directed to evaluate the MDMA threat relevant to each region. In those regions experiencing significant threat increases, appropriate shifts in enforcement strategies have already been implemented. One of the salient attributes of the HIDTA Program is its ability to quickly adjust to emerging drug threats, such as the evolving MDMA problem.

In partnership with the National Guard Bureau, Center for Substance Abuse Prevention (CSAP), Community Anti-Drug Coalitions of America (CADCA) and the National Institute on Drug Abuse (NIDA), ONDCP is participating in a four-part series of satellite broadcasts on specific drugs of abuse. A 90-minute broadcast on MDMA was held on May 24, 2001. The broadcast set a record for audience size, and reached over 800 sites in 50 states, 5 in the District of Columbia, and one in Canada. The show was also picked up by 55 public access stations with a potential audience of over 3 million viewers. The broadcast reached a live audience of 11,834 and a video taped audience of over 55,000. The broadcast was simultaneously webcast by SAMHSA's Clearinghouse at www.health.org, and is still available for viewing at that site. In addition to marketing through CADCA, the Higher Education Center advertised the broadcast through its listserve, which includes college campuses throughout the nation. From the broadcast, CSAP is producing a 30-minute video, a Power Point presentation, and a booklet about MDMA. These materials are available through the National Clearinghouse for Alcohol and Drug Information (NCADI, http://www.health.org/)

Conclusion

Mr. Chairman, MDMA is toxic and in some instances lethal, and must be addressed from a public health, public safety, and public policy perspective. ONDCP remains committed to overseeing the federal effort to reduce use and availability of this drug, and determined to reverse the threat posed by MDMA and through our drug policy efforts. I commend the committee on its efforts to protect the American people from this dangerous drug and thank you for the opportunity to speak about the facts.

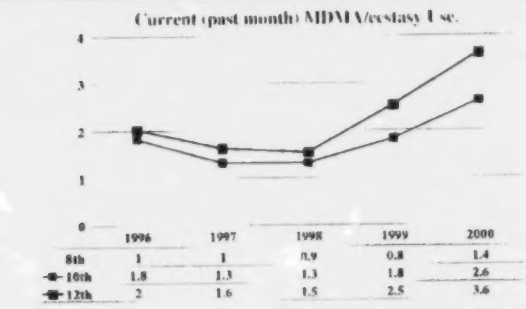
MDMA/ecstasy use is found in all grades.



ONDCP/DEC 2000

Source: Monitoring the Future Study

MDMA/ecstasy use has increased notably among students in each grade.



	1996	1997	1998	1999	2000
8th	1	1	0.9	0.8	1.4
10th	1.8	1.3	1.3	1.8	2.6
12th	2	1.6	1.5	2.5	3.6

ONDCP/DEC 2000

Source: Monitoring the Future Study

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

"Ecstasy Abuse and Control"

Statement for the Record

Alan I. Leshner, Ph.D.
Director, National Institute on Drug Abuse

Before the
Senate Committee on Governmental Affairs

Monday, July 30, 2001
Washington, D.C.

Mr. Chairman, and Members of the Committee, thank you for inviting me to participate in this important and timely hearing on MDMA. I am pleased with the Committee's interest in this topic and for providing the National Institute on Drug Abuse (NIDA) this opportunity to share what the scientific community has come to learn about this illegal drug, commonly referred to as "Ecstasy" or "E." It is particularly timely, given that a little over a week ago, NIDA sponsored the first major international scientific conference on this topic on the NIH campus, to discuss the latest findings and to have the world's leading drug abuse researchers help identify future research directions. There is now tremendous interest in this topic. Over 500 people attended the event.

I would like to start out by providing you with a brief overview of MDMA. 3,4-methylenedioxymethamphetamine, which is commonly abbreviated and referred to as MDMA or "Ecstacy," is an illegal drug that has characteristics of both stimulants and hallucinogens. While MDMA does not cause overt hallucinations, many people have reported distorted time and perception while under the influence of the drug. It causes an amphetamine-like hyperactivity in people and animals and like other stimulants, it appears to have the ability to cause addiction. It increases heart rate, blood pressure and can disable the body's ability to regulate its own temperature. Because of its stimulant properties, when it is used in club or dance settings, it can enable users to dance vigorously for extended periods, but can also lead to severe rises in body temperature, what is referred to as hyperthermia, as well as dehydration, hypertension, and even heart or kidney failure in particularly susceptible people.

MDMA is a synthetic drug, meaning it is manufactured, in this case illegally. It is typically produced in capsule or tablet form and is usually taken orally, although there are some documented cases that it is being administered by other routes, including injection and snorting. MDMA's acute effects typically last from three to six hours depending on the dosage, with the reported average dose of MDMA being between one and two tablets, with each containing approximately 60-120 mg of MDMA. Importantly, in many situations Ecstasy tablets contain not only MDMA, but a number of other drugs or drug combinations that can be harmful as well. MDMA appears to be well absorbed from the gastrointestinal tract, and peak levels are reached in about an hour.

MDMA works in the brain by increasing the activity levels of at least three neurotransmitters: serotonin, dopamine, and norepinephrine. Much like the way amphetamines work, MDMA causes these neurotransmitters to be released from their storage sites in neurons resulting in increased brain activity. Compared to the very potent stimulant, methamphetamine, MDMA causes greater serotonin release and somewhat lesser dopamine release. Serotonin is the neurotransmitter that plays an important role in regulation of mood, sleep, pain, emotion, appetite and other behaviors. By releasing large amounts of serotonin and also interfering with its synthesis, MDMA causes the brain to become significantly depleted of this important neurotransmitter. As a result, it takes the human brain time to rebuild its serotonin levels. For people who take MDMA at moderate to high doses, depletion of serotonin may be long-term. These persistent deficits in serotonin are likely responsible for many of the long-lasting behavioral effects that the user experiences and what concerns us most about this drug.

MDMA is not a benign drug. In fact, all of the studies conducted to date in both animals and more recently in humans, confirm that club drugs, particularly MDMA, are not harmless "fun party drugs" as they are often portrayed. While users of club drugs often take them simply for energy to keep on dancing or partying, research shows these drugs can have long-lasting negative effects on the brain that can alter memory and other behaviors. There is substantial evidence to show that MDMA damages brain cells. Within the scientific community we can not say with absolute certainty how and to what extent the damage it can actually cause, but there is across-the-board agreement that brain damage does occur.

We know that even one dose of MDMA (10 mg in rats) has the ability to decrease serotonin levels for up to 2 weeks. Research in animals has unequivocally shown that MDMA is neurotoxic, meaning it literally damages brain cells. It is only recently with the advent of new brain imaging technologies that we are now beginning to see and understand the potential neurotoxic effects of MDMA in humans.

Essentially there are two ways that researchers are able to measure the effects of MDMA in humans. One is by looking at neurofunctional measures, which tell us how the brain is working. The other is to look at neurocognitive measures, which demonstrates the output of the brain, or how the brain is performing.

Using brain imaging and other state-of-the art equipment, researchers are able to show us in intricate detail how the brains of MDMA users differ from those that have not

used this drug. We know from imaging that cerebral blood flow (CBF) is affected by MDMA use (see FIGURE 1). We also have evidence from brain images that MDMA abusers may have fewer serotonin producing neuronal processes in the brain than non-users. In fact this is such a powerful and true-to-life example that we have developed an education campaign around these brain images. Individuals are able to literally see that the brain has changed from MDMA use.

The other way researchers are determining the effects of MDMA in humans is by looking at neurocognitive measures, such as standardized tests of mental abilities. A number of studies have consistently shown that repeated MDMA exposure is associated with significant impairments in visual and verbal memory.

In short, there is now a large body of evidence that links heavy and prolonged MDMA use to confusion, depression, sleep problems, persistent elevation of anxiety, aggressive and impulsive behavior and selective impairment of some working memory and attention processes.

The harm that MDMA may potentially cause is not limited to the user alone. Findings released in May of this year in the Journal of Neuroscience found the first evidence that prenatal use of MDMA may cause memory loss and other impairments in offspring. Rats that were exposed to MDMA during stages of brain development (similar to brain and central nervous system development time frames in humans) were found to have memory and learning deficiencies.

One encouraging thought to keep in mind as we unravel the effects of this drug on the human brain is not to underestimate the amazing capabilities of the brain and its ability to compensate and adjust to stressors. For example, there is some new research emerging on other drugs of abuse, such as methamphetamine, a drug structurally similar to MDMA, that is showing that neuronal functions and systems that have been damaged by chronic drug use can recover. This is a positive and hopeful note, though it is too soon to determine how functional the brain cells actually are after recovery and to determine if an individuals' cognitive deficits resulting from the initial damage are completely reversed.

One of the more alarming facts about this drug is that despite its known detrimental consequences, there are increasing numbers of students and young adults who continue to use MDMA in increasingly higher doses. Several of our Nation's top monitoring mechanisms, including NIDA's long-standing national survey of drug use among 8th, 10th and 12th graders, Monitoring the Future (MTF), and our Community Epidemiology Work Group (CEWG) are reporting that the use of club drugs, particularly MDMA, is increasing in popularity among high school and college students. There are also clear indicators that MDMA and other so called "Club Drugs" such as GHB, Rohypnol, and methamphetamine, are no longer just being used in "night clubs" and "rave settings."

Results from the 2000 MTF indicate that the use of MDMA increased among students in all three grades from 1999 to 2000. For 10th and 12th graders, this is the second consecutive year MDMA use has increased. But this year the drug has also

spread to 8th graders. Lifetime use of MDMA among 8th graders increased from 2.7% in 1999 to 4.3% in 2000. Among 12th graders, lifetime use increased from 8.0% to 11.0% -- one-in-nine seniors have tried ecstasy in their lifetime. In addition to the overall increases in use, perceived availability of MDMA increased among seniors from 40.1% to 51.4%. African Americans, however, show considerably lower rates of MDMA use than do either Whites or Hispanics (1.3 percent versus 7.6 percent and 10.6 percent, respectively, for past year use among seniors in 2000).

Ethnographic data from NIDA's Community Epidemiology Workgroup meeting in June of this year showed that MDMA use is spreading from raves and dance parties to high schools, colleges, and other social settings frequented by youth and young adults. Although, compared to other drugs, the number of cases of MDMA use remains relatively small, the group of epidemiologists, public health officials, and researchers who monitor emerging drug trends, found increases in MDMA abuse in 13 of the 21 CEWG areas looked at and easy availability in most other areas. Also it is increasingly presenting itself in emergency rooms across the country. According to SAMHSA's Drug Abuse Warning Network, emergency room mentions in the US increased significantly from 253 in 1994 to 4,511 in 2000.

Although to many, MDMA appears to be the new drug on the scene, it is not. In fact, it is a problem that Europe has been dealing with for quite a number of years. European scientists who participated in our MDMA meeting last week discussed the trends in their own countries and discussed approaches they have tried to curtail use and to develop treatments. It is also not a new problem in the US. MDMA's origins date

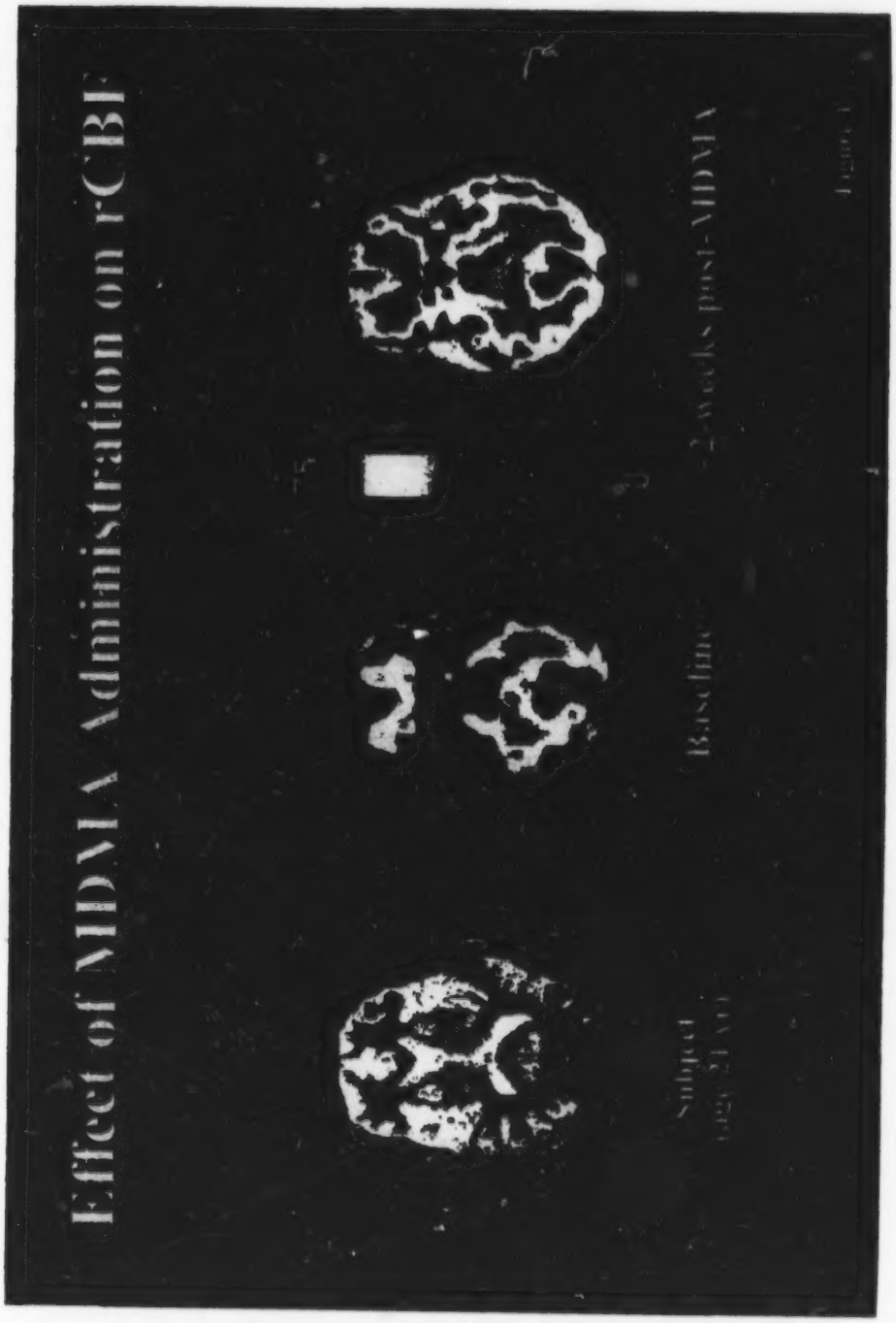
back to the early 1900s when MDMA was first synthesized, developed and patented in Germany. The drug remained somewhat dormant in the US until the 1970s when it began being used by some psychotherapists who claimed that it enhanced communication in patient sessions. In was in the mid 1980s that we there were indications that MDMA was being used at all night dance parties or raves. For a variety of reasons, including the fact that there was a growing body of scientific evidence that MDMA was causing damaging effects on serotonergic axons in animals, the US Drug Enforcement Administration moved the drug to Schedule 1 status in 1985. Schedule 1 under the Controlled Substance Act means there is no accepted medical use for MDMA in the US.

Despite MDMA's status as a Schedule 1 drug, it continues to be used illegally. To ensure that the public is well informed about the harmful effects of this and other drugs, NIDA has undertaken a number of extraordinary steps to share the scientific findings about his drug. For example, we teamed with *"In the Mix,"* this past Spring to develop a television show on Ecstasy for their award-winning PBS series for teens. The MDMA conference I mentioned earlier, *"The Advances, Challenges And Future Directions Of MDMA/Ecstasy Research,"* is one other example of the type of international leadership NIDA is stewarding to combat this particular public health problem. We have learned a lot about the short and long-term consequences of this particular drug. Yet, there are many scientific questions that remain to be explored and answered. By bringing together leading researchers to candidly discuss their findings and the challenges they confronted, we are all in a better position to advance the science and make policy and other public health decisions that are based on a strong research base and not anecdotal evidence. We have and will continue to develop publications on

this topic for different audiences. We will continue to make all of these materials available on a specially-designed website - www.clubdrugs.org. As new findings become available, we will be able to alert the public immediately through this and other venues.

In closing, I would like to say there are at least two things that the research community has concluded about this drug. One is that MDMA is not a benign drug. It is a harmful drug that can damage brain cells. And secondly, like other areas of science, there is much more to be learned about this drug.

Thank you again for your interest in this subject. I will happy to answer any questions you might have.



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STATEMENT OF JOHN VARRONE
ASSISTANT COMMISSIONER OF CUSTOMS
OFFICE OF INVESTIGATIONS
BEFORE THE COMMITTEE ON GOVERNMENTAL AFFAIRS
UNITED STATES SENATE
JULY 30, 2001

Chairman Lieberman, Senator Thompson, members of the Committee, thank you for this opportunity to testify.

The U.S. Customs Service has vigorously tracked the flow of MDMA, otherwise known as "Ecstasy," into the United States since the drug first began appearing at our borders in substantial quantities in the late 1990s.

Almost negligible five years ago, Customs seizures of MDMA have since skyrocketed. Total quantities of MDMA seized by the Customs Service have jumped from approximately four hundred thousand tablets in 1997; to 3 and a half million tablets in 1999; to well over 9 million tablets in 2000. With three months remaining in our current fiscal year, we have seized approximately six million tablets.

As you know, MDMA's allure to traffickers lies mainly in its profitability. Clearly, that's one of the reasons we're seeing so much more of it. A pill that costs pennies to make in Europe can retail for anywhere from $25 to $50 dollars here in the U.S. To give you an example, this bag of MDMA I am holding was seized at Dulles International Airport. It contains a little over 5,000 pills, with a street value of at least $140 thousand dollars.

It would be logical to assume that, with more MDMA coming into the country, overall seizures would rise. But that simple explanation doesn't do justice to the combined efforts of law enforcement to disrupt the MDMA trade. Many of our biggest seizures of MDMA to date have been the product of better targeting, fed

by intelligence shared between Customs, the DEA, the FBI and state and local authorities.

Customs has complemented this exemplary interagency cooperation by improving coordination internally. Last year we created the Customs "Ecstasy Task Force." The task force is composed of representatives from the major disciplines within Customs involved in counterdrug activity: special agents and intelligence analysts from our Office of Investigations and inspectors from our Office of Field Operations. Task force members ensure that any and all information pertaining to MDMA is collected each morning at Customs under one roof.

We also communicate regularly with law enforcement overseas. Working in conjunction with DEA, we have stepped up our contacts with Israeli, German, and Dutch police, as well as our use of Interpol as a source of information.

The majority of MDMA seized by Customs arrives via commercial air. One major consequence of the MDMA flow is that we've had to reassess completely those international flights we once considered "low-risk." Now, in addition to focusing on the traditional source countries for narcotics, we're paying close attention to former non-source countries, especially flights from known MDMA hubs such as Amsterdam, Paris, and Frankfurt.

Yet, when pressured on one route, the traffickers quickly turn to others. The Dominican Republic, Curacao and Surinam all emerged last year as popular MDMA transshipment points. We also saw increased activity from Canada. And this year, we have almost doubled the amount of our seizures from Spain.

Several recent MDMA seizures along our Southwest land border also suggest the traffickers may be probing other flanks. It may just be a matter of time before the powerful drug cartels and trafficking groups operating to our South stake a

bigger claim in the profitable MDMA trade too. Noteworthy seizures on the Southwest border include:

- October 1999 -- the seizure of 91,000 tablets of MDMA in a truck by the U.S. Border Patrol at a check point near Freer, Texas

- April 27, 2001 – Customs seizure of 78,000 tablets of MDMA from the trunk of a car arriving the Calexico, California port of entry from Mexico.

- July 23, 2001 – the arrest by Customs inspectors in Brownsville, Texas of a Dominican national driving into the country from Mexico with 55,000 tablets of MDMA

We're also very concerned by increasing signs of domestic MDMA production. Customs has made several seizures of key precursor chemicals that are used in the manufacture of the drug. One of those seizures, which occurred at our international mail facility in Oakland, California, led to the discovery and closure of a fully-equipped MDMA laboratory outside Los Angeles.

The Internet is yet another front we are monitoring intently. Among its web-related portfolio of crimes, Customs Cybersmuggling Center is actively investigating web sites marketing not just MDMA, but other so-called "club drugs" such as GHB, Ketamine, Rohypnol, and the pain-killer Oxycontin.

From a detection standpoint, MDMA's compact size and shape make concealment options almost infinite. Customs has seized MDMA in packages of all shapes and sizes, from suitcases, to cargo containers, to aircraft engines, to baby formula, and stuffed animals.

A great deal of MDMA is smuggled on the body. Of late, we have noted a rising trend in the use of spandex bicycle shorts worn under clothing by smugglers.

The shorts are altered to contain extra pockets, which can hold hundreds of pills. We have also encountered an increasing number of MDMA swallowers, those who ingest the drug in small packages, or balloons, in order to evade Customs. So compact, and so profitable is the drug that more and more people are willing to take a chance on smuggling it into the country. That makes the traffickers' job of recruiting couriers very easy.

This past March, Customs officers in Miami referred a seventy-one year old man arriving on a flight from Paris for secondary inspection. That inspection revealed a false-bottom compartment in the suitcase he was carrying. It was packed with over sixty-one thousand MDMA tablets, with a street value of well over a million dollars.

Last year, we began to train Customs' drug-sniffing dogs to alert to MDMA. Customs now has 260 Canine Enforcement teams trained to detect the drug, and we are in the process of training more. The teams are posted to major ports of entry across the country.

We are shoring up our MDMA defenses because we simply do not see this trend diminishing significantly anytime soon. Clearly, what was once ad hoc smuggling by small-time dealers and users has mushroomed into organized trafficking by criminals. They now have the money and the infrastructure to market MDMA beyond the club scenes in New York, Miami, and Los Angeles.

Fortunately, law enforcement has made some major inroads against these groups. Last year, as part of Operation Paris Express, Customs and the DEA arrested known MDMA "kingpin" Jacob Orgad, who led a smuggling ring that imported over nine million tablets into the United States. He plead guilty last month to conspiracy to distribute the drug and is awaiting sentencing.

Customs also joined with the DEA and others in investigations that targeted MDMA ringleaders Ilan Zarger, Sean Erez and former mafia crime boss Sammy "the Bull" Gravano. Like Orgad, all plead guilty to the charges brought against them. The conviction of these individuals sends a powerful message to the drug underworld that if caught, MDMA traffickers will be prosecuted to the fullest extent of the law.

The motive of the club owners who help the traffickers push MDMA is obvious. They are in it for the money. So it is not surprising that we have seen them come under the spell of organized crime. But the traffickers are also aided by another, more unlikely source. They include social scientists and others in the so-called "harm reduction" movement who claim that the real damage is caused not by MDMA and its pushers, but by the laws designed to curtail them.

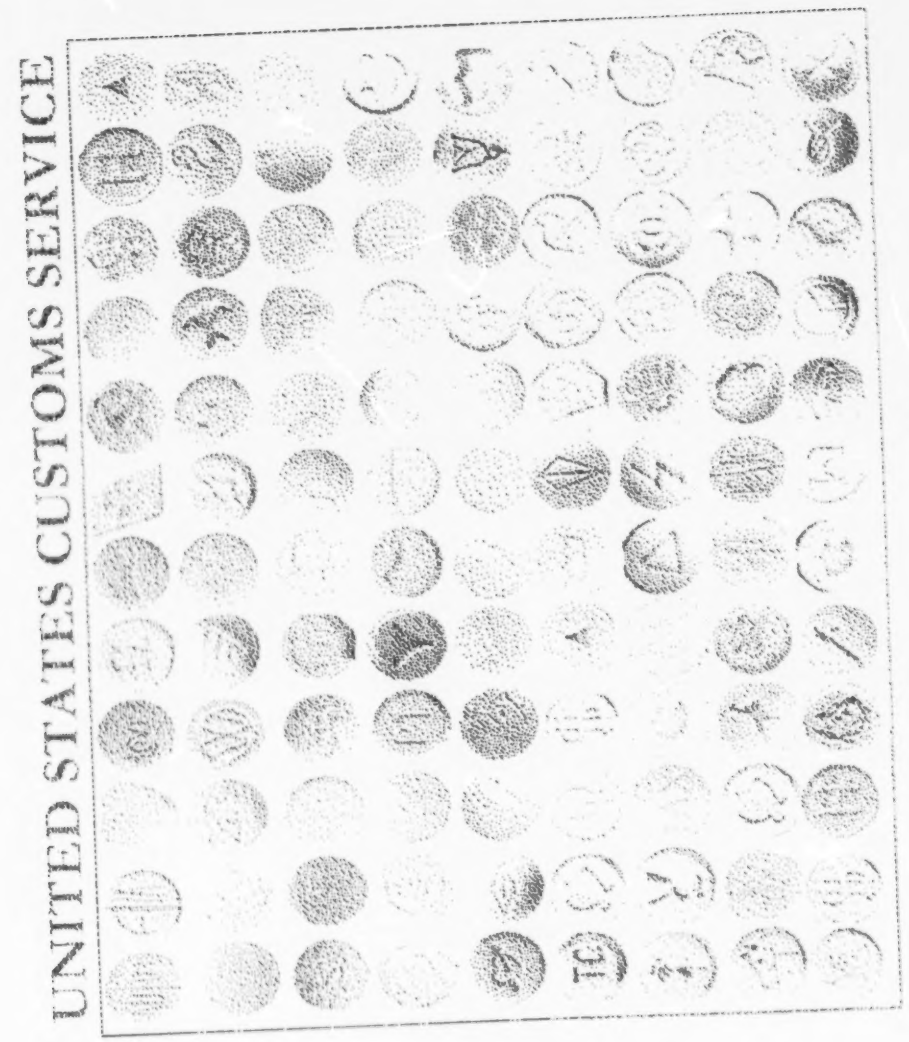
This line of argument has given rise to the myth that American law enforcement is out to criminalize the "harmless" experimental behavior of a whole generation of young Americans. But we are not out to jail teenagers who make the mistake of experimenting with MDMA. We are out to jail the traffickers and their partners in crime, who without a qualm would risk the health and safety of our children for an easy dollar.

Seen in that light, our mission today is really two-fold. The first part of that mission is to continue to do all we can to disrupt the flow of MDMA and bring the traffickers to justice. The second is to convey an important message to the public that MDMA is dangerous, and that dangerous people are trying to convince our children to use it.

Certainly, the efforts of this Committee to raise awareness of the MDMA threat will help greatly to drive this message home. Education and outreach to parents and children are also vital, as Customs, the DEA and others are doing via information posted on our websites and by other means. Customs views this

type of outreach as a critical aspect of our mission, and we are examining ways to expand our regular contacts with schools, community groups and others to include a greater focus on MDMA use and trends. The fact is that no matter how successful our enforcement efforts, our best defense is less demand.

Thank you again for this opportunity to testify. I look forward to answering any questions you might have.



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Remarks by

Joseph D. Keefe
Chief of Operations
Drug Enforcement Administration
United States Department of Justice

Before

The Senate Governmental Affairs Committee

Regarding

***"The Ecstasy Threat:
Interagency Coordination of Law Enforcement"***

July 30, 2001
9:30 am
342 Dirksen Senate Building

Note: This is prepared text and may not reflect changes in actual delivery

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Statement of
Joseph D. Keefe
Chief of Operations
Drug Enforcement Administration
Before the
Senate Governmental Affairs Committee
July 30, 2001

Chairman Lieberman, Ranking Member Thompson, distinguished members of the Committee: I am pleased to have this opportunity to appear before you today for the purpose of discussing the unprecedented level of coordination between Federal, State, and local law enforcement in combating MDMA, the dangerous club drug deceptively referred to as "Ecstasy." As always, I would first like to preface my remarks by thanking the Committee for its unwavering support of the Drug Enforcement Administration (DEA) and overall support of drug law enforcement.

Let me begin by stating that virtually no high level MDMA investigation can be successfully carried out by DEA without the input of State, local, or foreign law enforcement agencies. These valuable counterparts provide the expertise and support that allow DEA to accomplish its primary objective, which is to dismantle and disrupt the command and control elements of major international drug trafficking organizations. This practice of interagency coordination, which is the bedrock of DEA's long-standing tradition of cooperation, is carried out each day by DEA agents investigating MDMA traffickers across the globe. Given the increasing transnational nature of MDMA trafficking and the recent ethnic diversification of trafficking networks, communication and cooperation between all levels of law enforcement has become of paramount importance.

DEA's multi-faceted approach to MDMA investigations is grounded in the principles of a holistic model based on the application of demand reduction, education, and cooperative law enforcement strategies. Each of these elements attempts to integrate all levels of government, as well as the input of community service organizations. DEA's joint investigations have incorporated innovative strategies, such as the Federal "Crack House Statute" and utilization of municipal health codes and nuisance abatement ordinances to neutralize "Rave" events that facilitate the trafficking of MDMA. These efforts, when combined with DEA's training and *Club Drug Conferences*, provide the foundation for an integrated community based approach that serves to aggressively confront the threat posed by MDMA trafficking organizations.

Background

MDMA (3, 4-Methylenedioxymethamphetamine) also known as Ecstasy, is a Schedule I synthetic, psychoactive drug possessing stimulant and hallucinogenic properties.

Drug Abuse Warning Network (DAWN) estimates reveal that nationwide hospital emergency room mentions for MDMA rose dramatically from 1,143 in 1998 to 2,850 in 1999 and 4,511 in 2000. Seizures of MDMA have also increased drastically. Seizures of MDMA tablets submitted to DEA laboratories have risen from a total of 1,054,973 in 1999 to 3,045,041 in 2000. DEA arrests for MDMA violations also increased from 681 in 1999 to 1,456 in 2000. Similarly, the number of DEA initiated cases targeting MDMA violators increased from 278 in 1999 to 670 in 2000.

Users of drugs such as MDMA report that the effects of the drug heighten the user's perceptions, which are especially sensitive to visual stimulation. Quite often, users of MDMA at clubs will dance with "light sticks" to increase their sensory input. Legal over-the-counter products such as Vicks Vapor Rub are also used to enhance the effects of the drug. The state of being "high" on MDMA is also referred to as "rolling." Individuals usually experiment by "stacking," a term used to describe taking three or more tablets at once, or by "piggy-backing," which is the consumption of a series of pills over a short period of time. When users want to "come down" from the effects of MDMA, they will often resort to using other drugs, such as GHB, marijuana, nitrous oxide, and ketamine. The unpredictable purity levels and unknown origins of these drugs, especially when used in combination with one another, pose a tremendous danger to club drug users.

MDMA use can sometimes result in severe dehydration or exhaustion, or other adverse effects such as nausea, hallucinations, chills, sweating, increases in body temperature, tremors, involuntary teeth clenching, muscle cramping, and blurred vision. MDMA users have also reported after-effects such as anxiety, paranoia, and depression. An MDMA overdose is characterized by high blood pressure, faintness, panic attacks, and, in more severe cases, loss of consciousness, seizures, and a drastic rise in body temperatures to 105-106 degrees Fahrenheit. MDMA overdoses can be fatal, as they may result in heart failure or extreme heat stroke.

In 1998, the National Institute of Mental Health conducted a study of a small group of habitual MDMA users who had abstained from use for approximately 2-3 weeks. The study revealed that the abstinent users suffered damage to the neurons in the brain that transmit serotonin, an important biochemical involved in a variety of critical functions including learning, sleep, and integration of emotion. The results of the study indicate that recreational MDMA users may be at risk of developing permanent brain damage that may manifest itself in the form of depression, anxiety, memory loss, and other neuropsychotic disorders.

The Role of "Raves in MDMA Abuse

Raves originated in England as gatherings of thousands revolving around "Techno-Music." They were traditionally held in large warehouses or open outdoor areas, and later moved into established clubs, where they were identified by police as "Drug Taking Festivals." In the late 1980's, the rave scene migrated to the United States by way of promoters and entertainers. In the early 1990's, their popularity increased, and they were firmly established as a subculture. Typically, rave goers are between 12 and 25 years old, and of various ethnic backgrounds and national origins. They are generally from middle to upper middle class economic backgrounds.

Raves are organized, promoted, and financed by local and national enterprises. Organizers may employ bands, disk jockeys, or both. Advertising is conducted through the use of flyers, posters, telephone, radio, and the Internet, all of which entice the prospective participants to attend. Many events are advertised as "alcohol free," giving party-goers and parents a false sense of security.

Featuring hard, rapidly pounding music that is usually accompanied by psychedelic lights, videos, smoke, fog, and simulated pyrotechnic displays, a typical rave club layout might consist of a large dance area with no air conditioning, a separate "cool down room," and a VIP Room. The high temperature environment serves to optimize the sale of water, which is marketed by party promoters at exorbitant prices. Raves are often scheduled at unusual hours (e.g., 10:00 p.m. to 9:00 a.m.) to avoid local curfew restrictions. In addition, "After Hours Clubs" have opened to extend the rave experience. These clubs also advertise alcohol-free parties, and often remain open until noon.

Paraphernalia used at rave parties include menthol nasal inhalers, Vicks Vapor Rub, eye drops, surgical masks, and glow sticks (to enhance the visual effects of MDMA). These items are frequently accompanied by Skittles, M&Ms, or similar candy containers (to hide the drug); lollipops and pacifiers (to prevent involuntary teeth clenching); water, juice, sports drinks, and soft drinks (sold at inflated prices and used to manage excessive body heat and dehydration); and drug testing kits to allow rave-goers to test the purity of the drug.

Club drugs have become such an integral part of the rave circuit that there no longer appears to be an attempt to conceal their use. Traditional and non-traditional sources continue to report the flagrant and open use of drugs at raves. Intelligence indicates that it has also become commonplace for security personnel at these parties to ignore drug use and sales on the premises. All of these factors, and the fact that many teens do not perceive these drugs as harmful or dangerous, make the rave experience a truly threatening development.

MDMA Trafficking Overview

MDMA is manufactured clandestinely in western Europe, primarily in The Netherlands and Belgium, which produce 90% of the MDMA consumed worldwide. A typical clandestine laboratory is capable of producing 20 - 30 kilograms of MDMA per day, with one kilogram of MDMA consisting of approximately 3,500 tablets. Dutch Police reported the seizure of one laboratory capable of producing approximately 100 kilograms (350,000 tablets) of MDMA per day.

Most often, MDMA consumed in the United States is manufactured by Dutch chemists, and transported or distributed by various factions of Israeli and Russian Organized Crime groups. These groups recruit and utilize American, Israeli and western European nationals as couriers. These couriers can smuggle anywhere from 2.5 to 5 kilograms on their person, and up to 10 kilograms in specially designed luggage. In addition to the use of couriers, these organizations exploit the parcel mail, DHL, UPS, and U.S. Postal Service to facilitate delivery of their merchandise.

The drug trafficking organizations involved in MDMA distribution are brought together by the enormous profit realized in these ventures. Although estimates vary, the cost of producing an MDMA tablet can run between $.50 - $1.00. The wholesale, or first level price for MDMA tablets have ranged from $1.00-$2.00 per tablet, contingent on the volume purchased. The potential four-fold profit presented by this pricing arrangement provides huge incentives for the clandestine laboratory owner or chemist. Furthermore, manufacturing laboratories can frequently realize these profits without coming into contact with anyone other than first level transportation or distribution representatives. This limited number of required contacts reduces the manufacturer's risk of law enforcement infiltration or detection.

Once the MDMA reaches the United States, a domestic cell distributor will charge from $6 to $8 per tablet. The MDMA retailer will, in turn, distribute the MDMA for $25 to $40 per tablet. As evidenced by the mark-up at each tier of the distribution continuum, there is clearly a tremendous profit to be realized at each stage of the MDMA trafficking process.

MDMA traffickers utilize all major airports in Europe as transshipment points for MDMA destined for the United States. Los Angeles, New York and Miami are currently the major "gateway cities" for the influx of MDMA from abroad. These three cities reflect the greatest number of arrests and seizures of MDMA within our borders. The largest MDMA seizure in the United States occurred in Los Angeles, California, where DEA and U.S. Customs seized over 700 pounds of the drug. Because of increased law enforcement awareness, Israeli traffickers are adjusting their routes and modes of transportation in order to circumvent detection and interdiction by law enforcement officials. These adjustments include a shift in transportation routes from these three "gateway cities" to other ports of entry in the United States.

Diversification of Trafficking Networks

Currently, Israeli and Russian MDMA trafficking organizations dominate the MDMA market in the United States. As Ecstasy proves more profitable and as law enforcement pressures force the traffickers to re-group, the U.S. MDMA trade will become increasingly diverse. Other drug trafficking organizations based in Colombia, the Dominican Republic, Asia, and Mexico, will likely garner a portion-- possibly a significant portion--of the MDMA trade in the future.

In February 1999, the Department of Administrative Security (DAS) in Cali seized Colombia's only known MDMA laboratory. The trafficking organization responsible for this laboratory reportedly had a distribution network throughout Colombia, as well as in Mexico and in Miami, Florida.

Dominican drug trafficking organizations, which have been preeminent in the crack trade on the east coast, are also becoming increasingly involved in MDMA distribution. During calendar year 2000, approximately 125,100 MDMA pills were seized from Dominican drug trafficking organizations at international airports in the Dominican Republic. During the same time period, approximately 350,000 MDMA pills were seized from Dominican nationals acting as drug couriers at U.S. airports.

Intelligence indicates that some Dominican MDMA trafficking organizations are using the smuggling techniques, such as couriers ingesting MDMA, that have been traditionally associated with Dominican and Nigerian based heroin and cocaine trafficking organizations. For instance, one arrested courier had ingested 67 pellets of MDMA.

Europe will most likely remain the primary source region for MDMA seized from Colombian and Dominican nationals, at least, in the near term. Dominican and/or Colombian nationals smuggling cocaine to Europe may seek to exchange their cocaine for MDMA pills, a significant quantity of which will be destined for U.S. cities. Current evidence does not support the unconfirmed reports that significant quantities of MDMA sold in the United States are now being produced in either Colombia or Mexico. Incentives, such as established clandestine laboratories and secure trafficking routes to the United States, exist for criminal organizations desiring to manufacture MDMA in the Americas. However, it appears, at least for now, that MDMA production is securely entrenched in Europe.

MDMA production also appears to be gaining a foothold in Asia. Canadian authorities reportedly have seized MDMA manufactured in Asia from an Asian Organized Crime group. Given the ready availability of precursor chemicals in Asia, it is possible that Asian production of MDMA will increase in the future.

DEA's Cooperation with Federal, State, and Local Counterparts

DEA has completed a number of significant investigations that have dismantled global MDMA trafficking organizations, as well as limited the effectiveness of rave parties as a venue for distributing club drugs. None of these successful cases could be brought to fruition without a consistent line of open communication between Federal, State, and local law enforcement agencies.

Through a multitude of task forces and joint investigative ventures, DEA seeks to maximize the impact of its enforcement initiative in communities throughout the United States. The State Palace Theater Investigation, which was conducted by the DEA New Orleans Division in conjunction with the New Orleans Police Department and the U.S. Attorney's Office in New Orleans, serves as an excellent model of the resourcefulness of law enforcement in addressing the threat of club drugs. In this instance, investigators applied 21 U.S.C. 856, which is informally designated as the "Crack House Statute," for the purpose of securing federal search warrants in furtherance of investigating club drug sales at rave parties. The statute makes it unlawful to *"manage or control any building, room, or enclosure...and knowingly and intentionally rent, lease, or make available for use...for the purpose of unlawfully manufacturing, storing, distributing, or using a controlled substance."*

During the course of this investigation, DEA agents learned that over the past two years, from 400 to 500 teenagers and young adults had been treated at local emergency rooms for overdose related illnesses following their attendance at rave events hosted by the State Palace Theater in New Orleans, Louisiana. On July 30th, 2000, the New Orleans Field Division conducted their eighth and final undercover operation at the State Palace Theater. As with the other operations, the undercover agents made numerous purchases of controlled substances and filmed the distribution and use of numerous controlled substances.

On August 26th, 2000, DEA agents, in conjunction with the New Orleans Police Department, executed federal search warrants at the State Palace Theater rave venue, as well as an affiliated corporate office, Rene Brunet, Inc. We are hopeful that more investigations along the lines of the State Palace Theater investigation will have an impact on mitigating dangerous, drug facilitating conditions at rave events.

Use of Local Health Codes and Nuisance Abatement Ordinances

Law enforcement authorities in other parts of the country have implemented equally resourceful strategies to address club drug use at rave venues. After the detection of rave promotion flyers in Florence County, South Carolina, DEA and the Florence County Sheriff's Office were able to obtain a court order against the rave promoters on the basis of health code violations. The lack of sufficient water supply and inadequate toilet facilities at the designated rave location were cited. The rave promoters advertised

another rave event in Horey County, South Carolina, and were again deterred. Although these efforts were successful for South Carolina, they resulted in the displacement of the rave promoters across state lines to North Carolina. Efforts are now underway in North Carolina to further deter the raves from these communities as well.

Between April, 2000 and January, 2001 the DEA Hartford, Connecticut Resident Office and Hartford Police Department conducted an intensive investigation of drug trafficking at local rave clubs, and effected several undercover purchases of MDMA. During the course of this investigation, a rave venue known as the SYSTEM nightclub was the site of a drug overdose and several late night calls for emergency medical assistance. On January 18, 2001, the DEA Hartford Resident Office and Hartford Police Department executed several arrest warrants and a court order to close the SYSTEM, as well as the VELVET and VIBES nightclubs. The nightclubs were closed using the State of Connecticut Nuisance Abatement Statutes as part of an innovative strategy to combine civil remedies with traditional policing and criminal prosecution to address the chronic problems eroding the quality of life in communities throughout Connecticut.

DEA's International Efforts

In January, 2001, DEA representatives attended an MDMA conference with Israeli National Police (INP) Officials in Tel Aviv for the purpose of coordinating international investigative efforts against MDMA trafficking organizations. The focus of the meeting was information sharing to facilitate the targeting of Israeli MDMA trafficking organizations operating at transshipment points in France, Germany, and The Netherlands.

With the coordination of DEA's Special Operations Division, police authorities in Barcelona, Spain arrested Odet TUITO on May 18, 2001, pursuant to a provisional arrest warrant. TUITO is a well-documented Israeli MDMA trafficker operating between Europe and the United States, with charges pending in New York and Pennsylvania. As is the case with our State and local initiatives, cooperation is the key to successfully neutralizing transnational MDMA trafficking organizations.

Previously, the DEA Los Angeles Division conducted an international investigation targeting a Russian organized crime group, which was distributing large amounts of MDMA throughout southern California. In November, 1999, Los Angeles DEA agents made an undercover purchase of 1,000 MDMA tablets from Igor ZAGRUZNY and his associate, Michael FLOWERS. On December 21, 1999, as a result of coordinated investigative actions with DEA, the U.S. Customs Service seized 100 pounds of MDMA at the Federal Express hub in Memphis, Tennessee. A controlled delivery was initiated by U.S. Customs, resulting in the seizure of an additional 600 pounds of MDMA, $2.3 million, and the arrest of five individuals.

Further investigation resulted in the arrests of ZAGRUZNY associates Josef YAVETZ and Michael HELO in Germany with 190 pounds of MDMA. At the time of

their arrest, a total of six Federal Express receipts for six packages containing MDMA destined for Los Angeles, California were recovered from both defendants.

On September 16th, 2000, Dutch police officials arrested DEA fugitive Tamer-Adel IBRAHIM in a hotel room in The Hague, Netherlands. IBRAHIM was the intended recipient of 2.1 million tablets of MDMA seized in Los Angeles on July 22, 2000. In May, 2001, DEA agents in Los Angeles arrested IBRAHIM's partner, David REGIANO and local MDMA distributor Mathew ABOLMOHAMMADIYON, both of whom were outstanding fugitives in this investigation.

Recent Penalty Enhancements

The Ecstasy Anti-Proliferation Act of 2000 (Public Law 106-310), enacted by Congress last year, directed the U.S. Sentencing Commission to provide for increased penalties for the manufacture, importation, exportation, and trafficking of MDMA. MDMA sentencing guidelines, through a conversion process, are equivalent to marijuana sentencing guidelines. As the guidelines were previously configured, one gram of MDMA was the equivalent of only 35 grams of marijuana. Consequently, a first-time offender arrested with 10 kilograms of MDMA potentially faced only 5-6 years incarceration, far short of the 20-25 years exposure faced by a methamphetamine trafficker arrested with a similar amount of drugs.

On May 1, 2001, Emergency Amendments to the U.S. Sentencing Guidelines were placed into effect. As a result, the marijuana equivalency for one gram of MDMA was increased from 35 grams to 500 grams of marijuana. As a result of this penalty enhancement, a violator trafficking as few as 800 tablets of MDMA would now be exposed to a five year sentence. These new sentencing enhancements, which the Sentencing Commission has proposed to become permanent on November 1, 2001, will arm federal drug law enforcement with a valuable tool against MDMA traffickers by increasing the likelihood of federal prosecution, allowing more appropriate terms of imprisonment for mid and high level dealers, and providing more effective leverage in turning low level distributors to assist in apprehending and prosecuting the top level violators in MDMA trafficking organizations.

Mandated Training and Reporting Requirements

Interagency training and coordination is also facilitated by other recently enacted legislation. *The Hillory J. Farias and Samantha Reid Date-Rape Prevention Drug Act of 1999*, (Public Law 106-172) contains a statutory obligation requiring that the Attorney General, in consultation with DEA and the FBI:

- Develop model protocols for the collection of samples and victim statements related to possible violations of the Controlled Substances Act or other laws involving the

abuse of GHB, other controlled substances, or so-called "designer drugs" that result in rape, other crimes of violence, or other crimes;
- Develop model training materials for law enforcement personnel involved in such investigations; and
- Make protocols and training materials available to personnel responsible for such investigations.

In addition, this statute mandated that the Attorney General establish within the Operations Division of DEA a special unit to assess the abuse of and trafficking in GHB, Flunitrazepam, Ketamine, and other designer or club drugs whose use has been associated with sexual assault. In response to this mandate, DEA Headquarters has established a special *Dangerous Drugs Unit*. This special unit queries domestic DEA field offices to obtain information on the use of these drugs in sexual assaults, and assists in coordinating investigations of criminal organizations trafficking in club drugs.

The DEA *Dangerous Drugs Unit* continuously reviews scientific and medical literature along with intelligence information for the purpose of establishing future training for DEA and other Federal, State, and local personnel charged with investigating drug facilitated sexual assaults. In addition, the Department of Justice has developed and posted on the Federal Bureau of Investigations (FBI) intranet, forensic training material to enhance the collection and testing of evidence for these cases. This material is accessible to thousands of Federal, State, and local law enforcement officers.

DEA's Community Initiatives

To focus national attention on the MDMA threat, DEA hosted the *International Conference on Ecstasy and Club Drugs* in partnership with approximately 300 officials from domestic and foreign law enforcement, judicial, chemical, prevention and treatment communities. The conference was held from July 31, 2000 to August 2, 2000 at DEA Headquarters in Arlington, Virginia. During the conference, a working group developed several demand reduction objectives which have been institutionalized by DEA. These objectives include:
- Providing accurate, complete, and current information on the scientific findings and medical effects of club drugs on the human body;
- Working with local, State, and other Federal agencies and nonprofit organizations in an effort to advance drug education and prevention;
- Enhancing parental knowledge of raves and club drugs and engage their active participation in education and prevention of drug abuse;
- Educating high school and college students on the realities of raves and the effects of club drugs on the human body.

In an effort to reach out to the highly vulnerable population of high school and younger students, schools must use peer-to-peer education strategies to make teens aware of the dangers of club drugs. Additional solutions include the use of demand reduction

programs to create alternative social activities, and enlist the help of the entertainment industry to facilitate drug education agendas.

DEA's Regional Club Drug Conference

As a follow-up to last year's conference, DEA is in the process of implementing a series of *Regional Club Drug Conferences*, which will serve the purpose of taking DEA's demand reduction message out to a variety of selected communities. In May, 2001, a regional conference was held in Atlantic City, New Jersey. DEA hosted the conference in partnership with the New Jersey Prevention Network and the New Jersey State Police as a way to develop effective enforcement and prevention strategies by bringing together Federal, State and local experts familiar with the club drug issue. Future regional conferences are scheduled to be held in Chicago, Illinois in August, 2001 and San Diego, California in September, 2001.

In closing, I would like to reiterate that no one solution will completely neutralize the threat to America posed by club drugs such as MDMA. However, by applying a "holistic approach," utilizing a well coordinated combination of programs that include Prevention, Demand Reduction, Education, Treatment, and a Law Enforcement strategy that makes maximum use of the tremendous assets and experience offered by our Federal, State, local, and foreign police counterparts, the likelihood of our success is immeasurably increased.

I thank you for providing me the opportunity to address the Committee, and I look forward to taking any questions you may have on this important issue.

TESTIMONY OF

JOHN M. BAILEY

CHIEF STATE'S ATTORNEY OF CONNECTICUT

BEFORE THE

COMMITTEE ON GOVERNMENTAL AFFAIRS

UNITED STATES SENATE

Monday, July 30, 2001
Washington, D.C.

Good morning, Senator Lieberman, Senator Thompson and Members of the Committee on Governmental Affairs.

For the record, I am John M. Bailey, the Chief State's Attorney of the State of Connecticut. To briefly explain my responsibilities, I am the Chief Law Enforcement Officer of the State of Connecticut, and administrative head of the Division of Criminal Justice, which is responsible for the investigation and prosecution of all criminal matters in the State of Connecticut.

I sincerely thank the Committee for the opportunity to appear before you to discuss the drug ecstasy and how we in Connecticut have utilized our Nuisance Abatement Program to correct one serious problem area involving ecstasy.

I am sure that the Committee members are aware of the growing problems that we in law enforcement, and our society in general, are facing with the drug ecstasy and with other so-called "designer drugs" or "club drugs."

Let me quote from *USA Today* of July 20th: "The trade and use of Ecstasy have mushroomed since 1995. In that year, federal agents seized a few hundred thousand pills. Last year, federal agencies confiscated more than 11 million."

And, I should add, those 11 million pills represent only ten percent of the Ecstasy coming into this country.

On July 19, *The New York Times* reported on the seizure of one million Ecstasy tablets from one studio apartment in New York City. At a price of $20 to $40

for each tablet, this seizure alone took some $40 million dollars worth of Ecstasy off the streets and out of the clubs.

Similar seizures are being reported elsewhere, and they are not limited to big cities such as New York and the drug Ecstasy. On July 20, the *Wichita Eagle* newspaper in Kansas carried a report on the seizure of 21,000 vials of the narcotic ketamine hydrochloride, or what is known in the drug trade as "Special K." This is believed to be the largest seizure ever of "Special K."

No, the problem is not limited to one drug, and certainly not to one city or part of the country. It makes no difference whether we are talking about America's cities or America's heartland. When the drug traffickers go looking for a market, they will sell wherever and to whomever will buy.

In Connecticut, for example, we have found that Ecstasy is more popular among suburban users than other drugs, such as heroin or crack cocaine. Our Statewide Narcotics Task Force warns that Ecstasy and other designer drugs could replace marijuana as the drug of choice among young people.

And these are the economics of the drug trade. Introduce new drugs and create new markets. Remember, although this is an illicit business, it is a business, and a business that is generating billions of dollars each year in income. These criminals are making money -- a lot of money.

The drug traffickers know what they are doing, which is why it is so absolutely critical that we in law enforcement know what we are doing. Just as they work to develop new markets and push new poisons, we must develop new strategies, and new initiatives, to stop this dealing in death.

One of the strategies that we are utilizing with success in Connecticut is our Nuisance Abatement Program. I would like to use the remainder of my time this morning to explain this program and how it was used to correct a problem that dealt specifically with Ecstasy trafficking.

We in Connecticut are very proud of our Nuisance Abatement Program. It is one of the most exciting and innovative initiatives that we have undertaken in recent years. This program joins together the legal forces of civil action and criminal prosecution to deal with nuisance properties.

I have submitted detailed written materials to the Committee explaining the specifics of how the program works. Simply put, when we can show a pattern of criminal activity through actual arrests or the issuance of arrest warrants, we can take civil action to clean up the problem and abate the nuisance.

The Ecstasy problem in Hartford is an excellent case in point as to how this law can be utilized. A traditional narcotics investigation was undertaken, identifying three rave clubs in Hartford where Ecstasy trafficking was taking place. One of these clubs was a traditional liquor establishment; the other two were "after hours" clubs catering to individuals as young as age 14.

We proceeded with the criminal investigations and arrests, and, at the same time, with the civil action allowed under the Nuisance Abatement Act. We obtained court orders shutting down all three clubs. The clubs remained closed while the owners worked with us to put in place strict controls to stop the drug dealing. The clubs have since reopened, and we are continuing ongoing monitoring to assure compliance.

Nuisance abatement differs from traditional anti-blight activities in that the goal is not to permanently close a business or property, but to clean up that property and the nuisance. We work with the property owner or the business operator to make that property a productive part of the community. And we do so with the clear understanding that if the problem returns, so will we -- armed with the full authority of criminal and civil prosecution.

The Nuisance Abatement Program has shown its value in its relatively short history in Connecticut, and we believe that the program holds tremendous promise for the future. We also believe that it is a model not only for those communities in Connecticut which have not utilized it, but for jurisdictions throughout this country that may not even know of its existence.

At this point, I will conclude my presentation. Again, I would like to thank the Committee for allowing me to participate in today's hearing, and I would be happy to answer any questions that you might have.

ORAL PRESENTATION
UNITED STATES SENATE
COMMITTEE ON GOVERNMENTAL AFFAIRS
DETECTIVE ROY RUTLAND

INTRODUCTION/GREETING

MY NAME IS ROY RUTLAND. I AM AN UNDERCOVER NARCOTIC'S DETECTIVE, EMPLOYED BY THE MIAMI-DADE POLICE DEPARTMENT, LOCATED IN MIAMI-DADE COUNTY, FLORIDA. THE MIAMI-DADE POLICE DEPARTMENTS' NARCOTICS BUREAU IS RESPONSIBLE FOR INVESTIGATING ANY NARCOTICS-RELATED OFFENSES OCCURRING IN THE UNINCORPORATED AREAS OF MIAMI-DADE COUNTY, FLORIDA.

MY RESPONSIBILITY AS AN UNDERCOVER NARCOTICS DETECTIVE IS TWOFOLD. FIRST, MY JOB IS TO EFFECTIVELY TARGET AND INFILTRATE ORGANIZATIONS RESPONSIBLE FOR THE MANUFACTURING AND DISTRIBUTION OF ANY ILLEGAL NARCOTICS. THE GOAL IS TO DISRUPT AND ELIMINATE THESE ORGANIZATIONS AT THEIR CORE FOUNDATION, INCLUDING SOURCE NATIONS. SECOND, MY JOB IS TO TESTIFY IN THE JUDICIAL PROCESS AND PURSUE THE PROPER JUDICIAL MEASURES NECESSARY FOR THE PROSECUTION AND INCARCERATION OF THESE NARCOTICS AND ORGANIZED CRIMINAL OFFENDERS.

DURING THE MID 1990's, SOUTH FLORIDA FIRST BEGAN TO EXPERIENCE WHAT MANY IN LAW ENFORCEMENT AND IN THE HEALTH COMMUNITY NOW CONSIDER TO BE A GLOBAL-EPIDEMIC. THE INTRODUCTION OR REAPPEARANCE OF THIS DEADLY DRUG MDMA, HAS SURFACED IN ALL TYPES OF VENUES. THE ARRIVAL OF MDMA COMES AS NO SURPRISE TO MANY OF US INVESTIGATORS WHO HAVE TARGETED AND INVESTIGATED MANY OTHER DEADLY NARCOTICS THAT HAVE MADE ENTRY INTO SOUTH FLORIDA AND THROUGHOUT THE UNITED STATES. THE SURPRISE HOWEVER, COMES IN DEALING WITH THE VOLUME OF THIS DRUG BEING SMUGGLED INTO THE COUNTRY AND THE UNFORTUNATE GLOBAL POPULARITY ASSOCIATED WITH THE DRUG.

I FIRST BEGAN TO INVESTIGATE MDMA WHEN I INFILTRATED A SUBCULTURE THAT FREQUENTED VENUES THAT ARE NOW COMMONLY REFERRED TO AS "RAVE" PARTIES. A VAST MAJORITY OF THESE PARTIES CONSISTENTLY DISGUISED AND CONTINUE TO DISGUISE THEIR APPEARANCE FOR THE SOLE PURPOSE OF PROFIT THROUGH "CLUB DRUG" DISTRIBUTION, PRIMARILY MDMA. THE EFFECTIVE MARKETING TECHNIQUES AND ASTRONOMICAL PROFIT MARGINS I HAVE WITNESSED CONTRAST WITH ANY OTHER DRUG BEING DISTRIBUTED TODAY.

MAKE NO MISTAKE ABOUT IT. THE UNFORTUNATE POPULARITY OF MDMA HAS CAUSED THIS DEADLY DRUG TO MOVE FROM THE "RAVE" SCENE TO MAINSTREAM AMERICA. THIS IS EVIDENT IN MULTIPLE CASES THAT I HAVE INVESTIGATED IN

SOUTH FLORIDA, NATIONALLY, AND INTERNATIONALLY. THE DISTURBING REALITY OF MDMA WAS CLEAR DURING THE YEAR 2000, WHEN MIAMI-DADE COUNTY EXPERIENCED THE FIRST APPREHENSION OF A DRUG-MULE WHO HAD SWALLOWED MULTIPLE PELLETS CONTAINING MORE THAN 1,000 MDMA TABLETS AND ATTEMPTED TO ENTER MIAMI-DADE COUNTY FROM THE NETHERLANDS, VIA MIAMI INTERNATIONAL AIRPORT. TO DATE, THE MIAMI-DADE POLICE DEPARTMENT, ALONG WITH THE UNITED STATES CUSTOMS SERVICE HAVE APPREHENDED TWO ADDITIONAL DRUG-MULES ATTEMPTING TO ENTER THE UNITED STATES FROM VARIOUS SOURCE NATIONS. EACH OF THESE MULES WERE FOUND TO HAVE SWALLOWED MORE THAN 2000 MDMA TABLETS EACH. IT IS IMPORTANT TO NOTE THAT THESE NUMBERS PALE IN COMPARISON TO THE MULTIPLE DRUG-MULES THAT WE HAVE APPREHENDED IN SOUTH FLORIDA WHO HAVE UTILIZED ALTERNATE BODY-PACKING TECHNIQUES.

SINCE THE EXPLOSION OF THIS EPIDEMIC IN SOUTH FLORIDA, MY FOCUS HAS BEEN ON INVESTIGATING SOLELY MDMA CASES, INCLUDING EDUCATING LAW ENFORCEMENT NATIONALLY AND INTERNATIONALLY. DURING THE INFANT STAGES OF THIS EPIDEMIC, I WAS PRIMARILY NEGOTIATING AND DEALING WITH YOUNGER NARCO-TRAFFICKERS WITH LITTLE EXPERIENCE IN THE NARCOTIC'S TRADE. DURING THE LAST YEAR, I HAVE SEEN A RAPID TRANSFORMATION IN POWER. AS MANY OF US IN LAW ENFORCEMENT ANTICIPATED, THE TRADITIONAL NARCO-TRAFFICKERS AND THEIR SOURCE NATIONS HAVE ASSUMED MUCH OF THE NETWORK CONTROL OVER MDMA, THUS CAUSING MULTIPLE POWER STRUGGLES WITH ORGANIZATIONS IN NEW SOURCE NATIONS. AS A RESULT OF THESE POWER STRUGGLES, ALONG WITH THE ASTRONOMICAL PROFIT MARGINS, WE ON THE FRONT LINES ARE EXPERIENCING THE VIOLENCE ASSOCIATED.

THROUGH AGGRESSIVE INVESTIGATIONS AND SUCCESSFUL INFILTRATIONS, I ALONG WITH MANY OTHER UNDERCOVER NARCOTIC'S DETECTIVES HAVE SUCCESSFULLY DISRUPTED AND ELIMINATED MULTIPLE MDMA ORGANIZATIONS RESPONSIBLE FOR THE MANUFACTURING AND DISTRIBUTION OF MDMA. NONE OF THIS WOULD BE POSSIBLE WITHOUT A GLOBAL COOPERATIVE EFFORT IN LAW ENFORCEMENT. I AM PLEASED TO SAY THAT WE ARE COORDINATING AND WORKING EFFECTIVELY WITH OTHER LOCAL LAW ENFORCEMENT, ALONG WITH LAW ENFORCEMENT AT THE STATE AND FEDERAL LEVELS TO COMBAT THIS EPIDEMIC. CASE AND POINT: EARLIER IN JULY, MEMBERS OF THE MIAMI-DADE POLICE DEPARTMENTS' NARCOTICS BUREAU INITIATED AN INVESTIGATION INVOLVING SEVERAL FOREIGN NATIONALS INVOLVED IN LARGE SCALE MDMA DISTRIBUTION FROM MIAMI-DADE COUNTY TO NEW YORK CITY. AS A RESULT OF A SUCCESSFUL COOPERATIVE EFFORT BETWEEN TWO SEPARATE LOCAL LAW ENFORCEMENT AGENCIES, THE INVESTIGATION THAT WAS INITIATED BY THE MIAMI-DADE POLICE DEPARTMENTS' NARCOTICS BUREAU, CONCLUDED IN QUEENS, NEW YORK, BY THE NEW YORK POLICE DEPARTMENT, QUEENS NARCOTICS UNIT. THE INVESTIGATION YIELDED THE SEIZURE OF 450 OF MDMA, OR APPROXIMATELY ONE POINT SIX MILLION MDMA TABLETS, $187,000 N U.S. CURRENCY AND THE APPREHENSION OF TWO FOREIGN NATIONALS RESPONSIBLE FOR THE DISTRIBUTION OF 100,000 MDMA TABLETS, EVERY TWO WEEKS, FOR THE LAST FIVE YEARS IN THE UNITED STATES.

IN CLOSING, UNDERCOVER NARCOTIC'S DETECTIVES ON THE FRONT LINES WILL CONTINUE TO AGGRESSIVELY COMBAT THIS GLOBAL EPIDEMIC. WITH CONTINUED SUPPORT FROM THE GOVERNMENT AND EFFECTIVE LEGISLATION SUCH AS THE "FEDERAL CRACK HOUSE LAW," I AM CONFIDENT WE WILL HAVE A DIRECT AND SUBSTANTIAL IMPACT ON MDMA.